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**LINKS BETWEEN SOCIAL DEPRIVATION AND  
HARM TO CHILDREN:**

**A STUDY OF PARENTING IN SOCIAL  
DISADVANTAGE.**

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## **ABSTRACT**

What is the nature of the links which may exist between social deprivation and harm to children?

In seeking to shed light on the nature of these links this thesis will draw upon a study of parents' perceptions of the problems faced by them in bringing up children in neighbourhoods characterised by high scores on indices of social deprivation and high levels of child protection registrations.

It will be demonstrated that parents facing social disadvantage encounter a range of adversities and hindrances which may have a cumulative adverse effect upon the care of children.

The problems to which these lead will be shown to be linked by three main strands:-

- social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children
- by creating material, social, interpersonal and intrapersonal barriers in families, social deprivation can prevent parents from achieving the standards of parenting to which they might aspire and which society expects of them
- in interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children.

In these ways the study will develop the argument that harm to children is linked to deficits in material resources and complex, interacting psychosocial stress factors.

The study will be seen to have major implications for service-provision under the Children Act 1989 and promoting "partnership with parents".

"Two nations between whom there is no intercourse and no sympathy; who are as ignorant of each other's habits, thoughts, and feelings, as if they were dwellers in different zones or inhabitants of different planets."

Benjamin Disraeli: "Sybil".

"Plenty of people would rather declare an event incredible than follow the sequence of cause and effect, measure the strength of links in a chain, each arising from the one before it and inseverably joined with it, secretly, in the mind."

de Balzac

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## **INTRODUCTION**

**It is the aim of this thesis to explore the nature of the links which may exist between social deprivation and harm to children.**

**To achieve this the thesis will draw upon a study of parent's perceptions of the problems faced by them in bringing up children in neighbourhoods characterised by high scores on indices of social deprivation and high levels of child protection registrations.**

**By setting out the stories told by those living in the midst of these statistics, in areas of multiple disadvantage, it will be possible to demonstrate how the daily experience of individuals and neighbourhoods can shed fresh light on this data and illuminate the links between social deprivation and harm to children.**

**It will be demonstrated that parents facing social disadvantage encounter a range of adversities and hindrances which may have a cumulative adverse impact upon the care of children.**

**The problems to which these may lead will be seen to be linked by three main strands. These three strands lie at the heart of the arguments developed in this thesis:-**

- social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children**
- by creating material, social, interpersonal and intrapersonal barriers in families, social deprivation can prevent parents from achieving the**

standards of parenting to which they might aspire and which society expects of them

- in interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children.

It will be argued that recognition of the interplay of these three strands opens up the prospect of developing multi-layered, multi-dimensional models which seek to account for links between social deprivation and harm to children through examining interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks.

Although not investigated in the study, it will be argued that the personal characteristics and backgrounds of parents, in particular their ability to cope with stress, are likely to be important dimensions in these models. The importance of the "meanings" which individuals attribute to their experiences and actions and the influence this may exert over their behaviour towards their children will also be emphasised.

In these ways the study will seek to develop the argument that harm to children is linked to deficits in material resources and complex, interacting psychosocial stress factors.

In exploring the first and second of these three strands the study will investigate how these influence the possibilities open to parents as they endeavour to raise their children safely and in good health. It will show how the presence of these two strands may act to block the fulfilment of the basic needs of children and therefore contribute to general prevalence of harm to children.

In exploring the third of these strands, the thesis and the study on which it draws will attempt to illuminate some of the highly complex components and processes that may lead to damaging outcomes for some children at the hands of their parents. Given that pathways leading to harm to individual children are likely to be multifarious this study will claim only to address a few of the components and processes that may be present. However, in blending insights derived from theories on psychosocial development as elaborated by Michael Rutter (1979, 1981, 1985, 1988) and others; "learned helplessness syndrome" which has described a "psychology of powerlessness" (Barbar 1986); "social labelling" theory; and other perspectives which have sought to explain the nature and experience of "stress", with an understanding of the possible effects of social deprivation, it will be argued that further light can be shed upon these processes. The influence of dominant ideologies on parenting and family life over these processes will also be touched upon.

It should be evident from this description of the study that this thesis will comprise two main levels of argument. The first of these is that by imposing severe material constraints and environmental hazards on families, social deprivation can be seen as a primary source of harm to children. It contributes to what I have already described as general prevalence of harm to children. Having to live in a socially and economically impoverished neighbourhood (my first strand) where parents may be prevented by a range of adversities and hindrances from achieving the standards of child care to which they might aspire and which the wider society expects (the second strand), increases the risk of exposure of children to the damaging social, developmental, health and safety, educational and behavioural outcomes associated with the experience of "living poor". (Elmer 1981).

However, this thesis is also concerned with how social deprivation, as a primary source of harm to children may, in complex interaction with many other factors, contribute to high



levels of psychosocial stress in families which in some situations and through processes which I shall describe, could lead to *secondary* forms of harm. By this I mean acts of violence and/or neglect perpetrated by some severely "stressed" parents against their children. The findings of the study will be assessed for the extent to which they appear to support both levels of argument.

It is important to emphasise that while in the interests of clarity these two levels of argument and the three strands associated with them are considered separately in the theoretical discussion, central to the arguments developed in this thesis and the analysis of the findings of the study is the belief that these strands are *connected*. The *cumulative* adverse impact on parents and children of having to cope with the adversities and hindrances associated with social deprivation (i.e living in an impoverished neighbourhood and feeling prevented from providing good standards of child care) are likely to be harmful in themselves but they may also contribute to high levels of psychosocial stress in families. Socially disadvantaged parents may well experience a downward spiral of stress, inability to cope and despair, the psychologically and physically debilitating effects of which could in some situations contribute to acts of abuse and neglect against children.

Beyond this it is possible to argue that poverty and social deprivation is harmful to children in ways that go beyond the immediate characteristics of poor neighbourhoods and the behaviour of poor parents. At a third level of argument, social deprivation represents a form of harm that is both harmful in itself and is essentially perpetrated against children by society rather than by parents.

A recent study commissioned by the National Children's Bureau using figures produced by the Department of Social Security and the Institute of Fiscal Studies, has estimated that the

number of children living in poverty (i.e children living in families with incomes below 50 per cent of the average) reached 3.9 million in 1991 (Kumar 1993). This compares with between 1.1 million and 1.4 million in 1979. It represents a rise from 10 per cent to over 30 per cent of the child population. In other words nearly 1 in 3 children now live in poverty in the U.K. If account is taken of children living on the margins of poverty (i.e living in families with income between 50-60 per cent of average income) the figure rises to 40 per cent of the child population by 1990/91.

Referring to similar findings from an earlier study, Bradshaw argues:

"During the 1980s (and 1990s) children have borne the brunt of the changes that have occurred in the economic conditions, demographic structure, and social policies of the U.K. More children have been living in low income families and the number of children living in poverty has doubled. Inequalities have also become wider. There is no evidence that improvements in the living standards of the better off have trickled down to low income families with children" (Bradshaw,1990,P.51,My brackets).

Newell (1991) has concluded that when account is taken of the poor standards of nutrition, clothing and housing experienced by many children, the U.K can be seen to be failing to implement adequately the United Nations Convention on the Rights of the Child to which it is a signatory. The Convention states in Article 27 (1):

"State Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral, and social development."

More recent evidence also suggests that for a significant proportion of British children the meeting of these basic needs is being hindered (Children's Rights Development Unit, 1995).

It can be argued that using 50 per cent of average wage as a measure of poverty is a fairly arbitrary measure - the debate over whether poverty should be seen as a relative or absolute concept will be discussed briefly in Chapter 2. However, the important point is that stark though these figures and observations may be they probably fail to convey the full extent of the predicament facing millions of children and families in the U.K. Essen and Wedge (1982) have demonstrated that families living in social disadvantage tend to experience significant clusters of adversities and multiple deprivation. Their lives are characterised by frequent and prominent discontinuities in disadvantage that can have serious long-term consequences for the development of children (Blaxter 1993). Since poverty and social deprivation represents a whole experience of "doing without" that touches all aspects of family life (Blackburn 1991), it suggests a phenomenon whose harmful effects go even deeper than the two levels of harm to children and the three strands associated with them that are specifically investigated in this study.

I shall elaborate these issues in the theoretical discussion where the studies briefly referred to here will be used to "contextualise" the debate about the three strands linking social deprivation and harm to children with which this thesis is primarily concerned.

However, it is important to stress that what I have chosen to do in this study is to focus on the interaction of parental behaviour with socio-economic context. In doing so I have set out to develop what Corby (1993) has described as an "integrative approach" to the study of child abuse and neglect (albeit one in which the influence of social deprivation is emphasised) where various perspectives are combined to provide a complex, comprehensive



and holistic account of the problem. This stands in contrast to most of the explanatory frameworks that have been developed in this field which Corby (1993), in a review of the current knowledge base in child protection, identifies as falling into three main categories. Those that focus on the instinctive and psychological qualities of individuals who harm children; those that focus on the dynamics of the interaction between abuser, child and immediate environment; and those that emphasise social and political conditions as the most important reason for the existence of child abuse. In developing "integrative" and "interactional" models of harm to children I hope to contribute to the development of this knowledge base.

In the process of doing this the thesis inevitably challenges the conception of harm to children which is conveyed by official definitions of the problem.

The Department of Health document: "Working Together Under the Children Act 1989" (D.O.H 1991a) is intended to be a guide for interagency co-operation for the protection of children from abuse. It defines four categories of child abuse whose application may lead to a child's name being placed upon a local authority child protection register following investigation by the social services and police of allegations of maltreatment. These categories are neglect; physical injury; sexual abuse and emotional abuse and they are described in full in Appendix 1.

However, these definitions focus attention narrowly upon incidents and behaviours within families and do not encourage a focus upon family experiences in context.

Moreover, the limited and highly individualised nature of these official definitions imply a tolerance of levels and forms of harm to children which may be equally detrimental to the health and development of potentially many more children.

This is not to argue that some parents are not capable of treating children in ways which are particularly cruel and even brutal, nor that "child protection plans" for individual children at risk of harm from their parents or other adults are by any means unimportant. Though the study on which this thesis draws does not set out to investigate this aspect, the multi-layered, multi-dimensional models that are developed in the theoretical discussion as a way of understanding links between social deprivation and harm to children, emphasise as one important component the personal characteristics and backgrounds of parents. For this reason this thesis by no means rejects explanations of harm to children that consider the characteristics of individuals and their immediate situations.

However, an interactional perspective on harm to children which recognises the importance of interconnections between many different factors including social and material factors, would seem to require that much greater attention is paid to the socio-economic context in which child care takes place than is currently encouraged by "Working Together". In particular, through an exploration of the experience of parenting in poverty, promoting a better understanding of the ways in which this context may contribute to harmful outcomes for children.

It might be argued that these official definitions merely reflect dominant ideologies about parenting and the family in our society. The care of children is regarded by those who exercise political and economic power as a "private" matter and the primary responsibility of individual parents. The State should only intervene in families where parents are seen to



"fail" to meet the needs of their children. It is therefore inevitable that harm to children as officially defined should focus on the actions or omissions of individual carers, and that the effects of social inequalities on parenting should be largely ignored. These "ruling ideas" (Hall 1988), reinforced in public and political discourse on the family, are extremely powerful because they come to represent "common-sense" assumptions accepted by the general population. Most parents, to some extent at least, are likely to assess their own abilities and develop their aspirations for their children within this ideological framework of clearly articulated expectations about what "good" parents should provide. I shall return to this theme later in this introduction.

This study, in exploring the argument that harm to children is linked to deficits in material resources and complex, interacting psychosocial stress factors, will make it possible to fully assess the extent to which official definitions of harm to children, the reasons for placing children on child protection registers, and the services which reflect these definitions adequately reflect interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks - key dimensions in the lives of socially disadvantaged parents and children.

The implication is that if harm to children is to be better prevented than a major objective of service-provision for children and families needs to be the amelioration of the adversities and deficits identified by parents living in socially deprived neighbourhoods, which at one level make good parenting more difficult and which at a second level have the potential to generate high levels of psychosocial stress in families that may contribute to situations where some parents injure or neglect their children.

It will be demonstrated that a key component of such a strategy needs to be the enhancement of social support networks in disadvantaged neighbourhoods. This may also have implications for other services for women, children and families in health, mental health and welfare.

Underlying this analysis therefore, is an alternative definition of "harm to children" that moves beyond the confines of traditional conceptions of child abuse as set out in "Working Together" and the view of parenting which it conveys. A definition that recognises more fully the importance of complex interconnections between many factors including socio-economic context. David Gil (1975, 1980) has proposed such a definition. He has defined harm to children as arising from:

"inflicted gaps or deficits between circumstances of living which would facilitate the optimum development of children, to which they should be entitled, and their actual circumstances, *irrespective of the sources or agents of the deficit.*" (Gil 1975, my emphasis).

As a consequence:

Any act of commission or omission by individuals, institutions or the whole society, together with the resultant conditions which "deprive children of equal rights and liberties, and/or interfere with their optimal development, constitute, by definition, abuse or neglectful acts or conditions." (Gil 1980).

Not only does such a definition extend the boundaries of what constitutes harm to children in ways that acknowledge more fully the day to day experiences of socially deprived families. It also enables us to interpret what has come to be described as "child protection"

more radically. Reformulating the problem in the way proposed by Gil opens up the possibility of developing interventions that focus not only on the behaviour of individual parents but also the social contexts in which families function.

Surprisingly perhaps given the criticisms I have made of the "Working Together" document, these are themes which are very much in tune with some aspects of the current legislative and policy framework in child care that exists in the U.K. A framework which in some respects appears to contradict the conceptions of parenting, child care and society conveyed by official definitions of harm to children.

The Children Act 1989 introduces the concept of "children in need" in the planning and provision of services to children and families in local areas. Section 17 of the Act makes it a general duty of every local authority:

- (a) "to safeguard and promote the welfare of children within their area who are in need;

and

- (a) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs."

For the purposes of Section 17.10 of the Act, a child shall be taken to be in need if:

- (a) "he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this part;



(b) his health or development is likely to be significantly impaired or further impaired, without the provision for him of such services;

or

(c) he is disabled."

Thus within the Act there appears to be some acknowledgement of the social contexts in which families must function, and a recognition that if "significant harm" to children is to be prevented then local authorities must play a positive role in maintaining children within their own families through the provision of family support services (cf D.O.H 1991b). There is a concern, it seems, to promote consideration of the needs of the "whole child" rather than viewing him or her as a mere "object of concern"(Cleveland Report 1988). It is made clear that the application of the concept of children in need should not be restricted to those children about whom there are specific child protection concerns (D.O.H 1991b).

The importance of these provisions is that they represent an attempt to redefine the nature of state intervention in family life in response to public and political disquiet about the systems and practices which are designed to protect children. Although "ruling ideas" about the family promote the belief that the state should intervene in situations where parents are judged to be seriously "failing" to meet the needs of their children, there is concern in the wake of events in Cleveland, the Orkneys and Rochdale that these interventions may be experienced by families as unnecessarily intrusive and oppressive. This appears to be confirmed by research into child protection systems and the effects on individual families of child protection investigations (Corby 1987, Prosser 1992, Farmer 1993, Dartington Social Research Unit [Forthcoming]).

Fundamental to this attempt to reappraise the relationship between state and family is the notion of promoting "partnership with parents". A working partnership with parents is seen

as the most effective route to providing supplementary or substitute care for children (D.O.H 1990). These principles have recently been set out in greater detail by the government in a document entitled "The Challenge of Partnership in Child Protection"(D.O.H 1995) which is intended as a practice guide to child care professionals. It defines 15 essential principles for working in partnership (Appendix 2). An earlier document issued by the Department of Health has described the view of the family which appears to underpin these principles:

"In general, families have the capacity to cope with their own problems, or to identify and draw upon resources in the community for support. Some families however reach a stage where they are not able to resolve their own difficulties, and are therefore providing inadequate care for their child or are afraid of doing so. They should look to social services for support and assistance. If they do this they should receive a positive response which reduces any fears they may have of stigma or loss of parental responsibility." (D.o.H 1991b,Paragraph 2.14).

The notion of parental responsibility is equally important. It is conceived of "as encompassing both the obligations and the corresponding rights of parents which flow from their responsibility." (D.o.H 1991b,Paragraph 1.4). However, as with "partnership", the Act seems to be concerned with promoting parental responsibility in a positive and enabling way, rather than interpreting it in a narrow, punitive sense.

This ethos is entirely consistent with the central thrust of this thesis for it seems to imply, as Blaxter (1993) has observed in another context, that the focus needs to shift away "...from the agendas of professionals to those of people themselves". The study undertaken as part



of the thesis attempts to achieve this by asking parents what they feel they need to raise their children safely and in good health, and in tackling the "practical stresses they feel in their environment." (ibid.). This is very important because it is very easy to label poor people who face child care difficulties as "problem families", and so give rise to the sense of stigma and alienation which the Act seems keen to avoid.

There are nevertheless very real problems to be overcome if the philosophy and provisions of the Children Act which relate to family support and prevention and promoting partnership are to be properly enacted. As Langan (1993) and Tunstill (1992) have argued, at a time when local government finance is being severely squeezed the child protection provisions of the Act, which are statutory requirements, may easily be given priority over the more "permissive" provisions for family support and prevention. A "minimalist" approach to the implementation of these sections of the Act could lead to the neglect and decline of family support services.

The indications are that this initial assessment is not wide of the mark. The Children Act Report 1993 presented to Parliament by the Secretaries of State for Health and for Wales concludes:

" A broadly consistent and somewhat worrying picture is emerging. In general, progress towards full implementation of Section 17 of the Children Act has been slow. Further work is still needed to provide across the country a range of family services aimed at preventing families reaching the point of breakdown. *Some authorities are still finding it difficult to move from a reactive policing role to a more proactive partnership role with families*"

(D.o.H and Welsh Office 1994, My emphasis).

This view is strongly supported by a more recent report by the Audit Commission which has confirmed that local authorities are still tending to concentrate resources at the sharp end of child protection work and not fulfilling their responsibilities under Section 17 of the Children Act (Audit Commission 1994). Aldgate and Tunstill (1994) in a study of the first eighteen months of implementation of these provisions found that some local authorities, contrary to the intentions of the Act, are narrowly defining "in need" priority groups for services as children at risk of significant harm.

Running parallel with these trends is evidence that as a consequence of this continued emphasis on "heavy-end" child protection work, more rather than fewer children are being drawn into the child protection net even though they might be more appropriately dealt with under the family support provisions of the Act (Thoburn 1994). Growing numbers of families are being subjected to child abuse investigations even though a large proportion of these cases do not progress to a multi-disciplinary child protection conference where decisions are made about placing children on a local child protection register (Gibbons 1993, Dartington Social Research Unit [Forthcoming]). The Dartington research will reveal that of 160,000 children referred for Section 47 enquiries (the duty placed by the Children Act on local authorities to investigate allegations of child abuse and neglect) only 40,000 children (25 per cent) were subject to child protection conferences. Of these, 24,000 children (just 15 per cent of the total number referred for Section 47 enquiries) were placed on a child protection register. There is a fear that this contact with the system is unlikely to benefit families and in some cases may drive them away from seeking further help, a development completely contrary to the objectives of the Children Act (Sone 1994).

These trends have provoked a major debate in policy-making circles at the highest level in the U.K. In a recent address to a child care conference, a senior official at the Department of Health argued:

"It is not acceptable nor consistent with the Children Act philosophy for the gateway to family support services to be closed until the problem is presented in terms of child protection. This is degrading to families and misrepresents the true nature of needs presented to social services departments." (Rose 1994)

Echoing the findings of the Audit Commission's report, the Department of Health is pressing that local authorities should "rebalance" local services by diverting their existing resources away from child protection systems which are primarily concerned with the detection and investigation of possible child maltreatment - what Wolfe (1993) has described as "aversive contingencies" - and towards family support services. As I shall suggest shortly, my study may provide some pointers as to how this shift can be achieved.

In this introduction I have described how this thesis and the study on which it draws will explore how socially disadvantaged parents are likely to encounter a range of adversities and hindrances that have a cumulative adverse impact on the care of children. It is suggested that the problems to which these give rise are linked by three main connected strands which indicate both general prevalence of harm to children and secondary forms of harm where some children may experience injury or neglect from their parents. I have described how on this basis it will be possible to construct multi-layered, multi-dimensional models that account for links between social deprivation and harm to children in terms of



interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks.

However, this thesis will consider a further dimension which will be seen to have major implications for the interpretative frameworks brought to bear on the study and the general methodological approach that underpins it.

The study on which this thesis draws is based on the premise that if light is to be shed on links between social deprivation and harm to children then it is necessary to look behind the "headline" statistics that point to a strong correlation between high scores on indices of social disadvantage and high rates of child protection referrals in local areas, and explore the experiences and perceptions of those who live in the midst of these statistics. It is necessary to listen to the stories of people who parent in poverty. As such the study is essentially concerned with the interpretations and "meanings" which parents attribute to their experiences of daily living, and how this might influence their behaviour towards their children.

Thus the methods and techniques of data collection and data analysis which were applied to this investigation reflect a "social constructionist" perspective. This perspective places the notion of "meaning" and the processes and transactions involved in the construction of meaning at the centre of the study of human psychology (cf Bluner 1990, Gergen 1982,1985). Its application to this thesis and the study on which it draws is important not only because it helps to explain the methodological framework but because it also raises the prospect of taking a step further the belief that "harm to children" may be conceptualised in fundamentally different ways to those expressed by current orthodoxies.

Bluner (1990) has described the connected arguments which underpin the conviction that the attribution of "meaning" is central an understanding of human functioning:

- (a) to understand human beings one must understand how their experiences and their acts are shaped by their intentional states - their beliefs, desires and meanings.
- (b) the form of these intentional states is realised only through participation in the symbolic systems of the culture: "..the very shape of our lives - the rough and perpetually changing draft of our autobiography that we carry in our minds - is understandable to ourselves and to others only by virtue of those cultural systems of interpretation." (Bluner,1990,P.33).

Put another way, culture: "..gives meaning to action by situating its underlying intentional states in an interpretative system." (ibid,P.34). It does this by imposing the patterns inherent in the culture's symbolic systems- its language and discourse modes, the forms of logical and narrative explication, and the patterns of mutually dependent communal life (ibid.).

Thus "meaning" is a culturally mediated phenomenon that depends upon the prior existence of a shared symbol system - language. And our capacity to render experience in terms of "narrative" is the instrument for "making meaning": the means by which we use language to frame experience and the method by which meaning is negotiated and renegotiated.

The "cultural psychology" of social constructionism moves psychological discourse into the realms of interactionist sociology, in particular ethnomethodology and phenomenology



which share a concern with the "rules" by which people construct and negotiate social realities in cultural contexts.

Plummer (1983) has perhaps best articulated this common ground arguing for a commitment to "humanistic sensitivity" as the basis for sociological inquiry. In the same way that advocates of a cultural psychology have argued that understanding the mind as creator of meanings requires a movement away from the conventional aims of positivist science with its focus on mind as "information processor", so the "humanistic sociology" of Plummer rejects the positivism and rationalism of much sociological thought. Instead, human subjectivity and individuality move centre stage with an emphasis on the triple focus of biography, history and structure:

"(A humanistic sociology) must pay tribute to *human subjectivity* - showing how individuals respond to social constraints and actively assemble social worlds; it must deal with concrete human experiences - talk, feelings, actions through their *social, especially economic organisation* (and not just their inner, psychic or biological structuring); it must show a naturalistic '*intimate familiarity*' with such experiences - abstractions untempered by close involvement are ruled out; and there must be a self-awareness by the sociologist of the ultimate *moral and political role* in moving towards a social structure in which there is less exploitation, oppression and injustice and more creativity, diversity and equality. A list like this is open to detailed extension and revision, but it is hard to imagine a humanistic sociology which is not at least minimally committed to these criteria."  
(Plummer, 1983, P.5. His emphasis).

The study on which this thesis draws, with its emphasis upon an exploration of the experiences and perceptions of socially disadvantaged parents, is therefore rooted in the tradition of "interpretative" social science, though it does not eschew quantitative techniques associated with a positivist orientation where this approach was judged to be more appropriate for certain aspects of the study i.e in investigating possible correlations between high scores on indices of social deprivation and high rates of child protection registrations in local areas.

However, the importance of this tradition lies also in what it may tell us about harm to children and how the problem should be tackled.

Bluner (1990) argues that a defining feature of a cultural psychology is that as a consequence of its concern to venture beyond the conventional aims of positivist science, it challenges the ideals of *reductionism, causal explanation and prediction*:

"To insist upon explanation in terms of 'causes' simply bars us from trying to understand how human beings interpret their worlds and how we interpret their acts of interpretation. And if we take the object of psychology (as of any intellectual enterprise) to be the achievement of understanding, why is it necessary under all conditions for us to understand *in advance* of the phenomenon to be observed - which is all that prediction is? Are not plausible interpretations preferable to causal explanations, particularly when the achievement of a causal explanation forces us to artificialize what we are studying to a point almost beyond recognition as representative of human life?" (Bluner, 1990, P.xiii).

This critique of some approaches to social scientific inquiry has particular relevance for the study of harm to children. As Corby (1993) has argued, the discourse within which debates about child protection have been set has been heavily influenced by the desire to "predict" which individuals are likely to harm children and to isolate the characteristics of "abusive" families and "abused" children. By developing checklists of "risk factors" it is intended that vulnerable individuals and families should be "screened out" so that interventions may be directed at them. Examples of studies which have sought to do this are Browne and Saqi (1988), Greenland (1987) and Ounsted, Gordon, Roberts and Milligan (1982).

The problem with this approach is that it does not appear to be very successful. Gelles (1982), Starr (1982), Parton (1985,1986,1991), Dingwall (1989) and Baldwin and Spencer (1993) have all shown that the identification of "high risk" cases is far from an exact science. There is a tendency for cases to be "misdiagnosed" as either "false negatives" (wrongly assessed as not "high risk") or "false positives" (cases wrongly assessed as "high risk"). Consequently, these studies have a low "positive predictive potential" (Baldwin and Spencer 1993) which means there are very wide margins of error. Parton (1985) concludes that the diagnostic tools for the identification of "high risk" cases simply do not exist nor are they likely to be found.

Given these serious shortcomings it is disturbing that officials from the Department of Health have indicated that one way of "redirecting" resources away from child protection systems towards family support services may be for social workers to evaluate allegations of child maltreatment more closely before instigating a child protection investigation. The aim should be to identify at an early stage the "high risk" cases that would seem to require a child protection response and those that would be more appropriately dealt with under Section 17 of the Children Act 1989. The belief appears to be that once this distinction is



made it will become increasingly possible to free up resources currently absorbed by child protection, using them instead for family support services (Rose 1994).

I have an even more fundamental concern about this approach to the study of harm to children. To imply that a subject as complex as this can be reduced to a predictive exercise is to "artificialise" human experience in the way described by Bluner. Instead it is necessary to recognise that the study of the human mind is a task "...so compellingly important that it deserves all the rich variety of insight that we can bring to the understanding of what man (sic) makes of his (sic) world, of his fellow beings and of himself. That is the spirit in which we should proceed." (Bluner, 1990, P.xiii).

This philosophical position is fundamental to the shape and direction of the study and the conclusions that I draw from it, including ways in which professionals may approach assessment in child protection work. It informs my theoretical frameworks which are characterised by an attempt to blend a range of perspectives in order that light may be shed upon some of the complex processes, sequences, chains of events and pathways which may lead to harm to children. Yet the multifarious nature of these processes and pathways, and the vast array of factors at work means that outcomes for individual children and parents and families are likely to remain highly unpredictable. Different individuals will process and interpret their experiences in vastly different ways and this will be reflected in a huge range of behaviours and responses to social situations.

However, it is necessary to qualify these arguments in two ways. While I believe it is necessary to recognise that individuals have the ability to interpret and construct their social realities, and that this is likely to influence a vast range of attitudinal responses and behavioural outcomes, it is also necessary to understand that the processes by which

meanings are attributed to experience and actions takes place within contexts that are influenced powerfully by dominant ideologies and prevailing social arrangements. As already discussed in relation to official definitions of harm to children, "ruling ideas" are likely to play a major part in defining the roles and responsibilities of parents; what it means to be a "good" mother or father; and how parents can expect to be regarded and treated if they fail to live up to the expectations of parenthood which society has articulated for them, and to which most parents themselves probably aspire. As Muncie and Wetherall (1993) have argued: "certain images of family life come to act as powerful constraints on habits and expectations." (Muncie and Wetherall, 1993, P.67). It becomes difficult to imagine and bring into being alternative ways of life because the only available conceptions through which we can make sense of our lives are circulated and reinforced in newspapers, schools and the media etc. (ibid.).

Recognition of the ability of individuals to meaningfully interpret and construct their social worlds needs therefore to be tempered by an acknowledgement that to some extent at least, this takes place within parameters set by the cultural and ideological contexts in which we move. As this study will explore, a perceived failure to fulfil socially constructed aspirations and expectations about parenting, may have important psychological consequences for parents in terms of how they view themselves, their children and their situations. This may have implications for the quality of care they feel able to provide in the future. Parenting is therefore likely to be strongly influenced by, among many other factors, the complex interaction of socio-economic context (particularly the presence of social deprivation), dominant ideology and individual perceptions.

The second qualification that needs to be made relates to the critique of "prediction" in the study of harm to children. While I have drawn attention to the shortcomings of this



approach, it is not entirely absent from the analysis contained in this thesis. By focusing on the adversities and hindrances encountered by vulnerable *populations* of children and parents i.e. socially disadvantaged families living in the most economically impoverished neighbourhoods, I am effectively making a case for the application of predictive techniques to the planning and provision of family support services. If the rebalancing of services urged on local authorities by the Department of Health is to be achieved then it is necessary to target resources on the poorest areas, where the barriers to good parenting are likely to be greatest and the levels of psychosocial stress experienced by many families, at their highest. In exploring possible correlations between social deprivation and child protection registrations in local areas, developing socio-economic profiles of neighbourhoods and investigating what it means to care for children in these neighbourhoods, the study sets out ways in which this objective may be achieved.

However, this is a fundamentally different approach to that adopted in most predictive studies because it recognises that the complexity and unpredictability of process and outcome in human development are such that the most productive strategies are unlikely to be those that comprise an exclusive focus upon individual children and families. The study of links between social deprivation and harm to children is valuable because it has the potential to direct attention to the development of much more broadly-based and positive approaches to tackling the problem than has tended to be the case. Approaches that take greater account of the needs and strengths which parents *themselves identify*. In this respect this study is central to arguments about the ways in which professionals and social agencies may best promote partnership with parents under the Children Act 1989.

Before describing the structure of the thesis I shall say something about my own background and the influence this has had upon the study.

My interest in this field derives from my background in the personal social services where, over the course of the last 15 years and within different local authorities, I have been a generic social worker carrying a caseload with a heavy child-care bias; a fostering and adoption officer (part of this time was spent as a senior social worker with managerial and staff supervisory responsibilities) and a training and staff development officer covering developments in the fields of vocational, qualifying and post-qualifying training and education in social care and social work. As a social worker I undertook research into links between children in care and birth families as part of my own post-qualifying training (Tuck 1986).

Most recently I have been the academic tutor for an agency-based post-qualifying training programme in child protection for social workers. I have also developed, presented and co-ordinated multi-agency training in child protection on behalf of the local Area Child Protection Committee of which I am a member. This work has also involved policy-development and participation in reviews of cases where children have been killed or seriously injured by their parents. I have been a member of panels which have considered appeals by parents against child protection registrations.

I therefore approach this thesis from the perspective of someone who has experienced first-hand the tensions and dilemmas of child protection work, and who as a training officer and tutor has been concerned to identify and help develop in a wide range of staff the skills, knowledge and values which would seem to be essential to good practice in this field.

Moreover, I have taken a keen interest in the debates which have surrounded this immensely complex and constantly shifting area of public policy, law and practice, in particular the relationship between social deprivation and harm to children. One of the main motivating

factors that led me to undertake this study was a belief that current social arrangements in the U.K, through the maintenance of gross social and economic inequalities between families, may collude in the harm of children by denying many parents the means to raise their children safely and in good health. While society has very clearly articulated expectations about what parents should provide for their children and is likely to take a tough stance towards parents who fail to match up to these expectations, there is relatively little public or political acknowledgement of the fact that for many families in Britain the child care task is characterised by the need for parents to negotiate powerful social and economic barriers which fundamentally influence their ability to meet the needs of their children. If parents achieve this it is often in the face of enormous odds.

Out of this has emerged a conviction that if a deeper understanding is to be developed of harm to children as a complex interactional process, strongly influenced by social deprivation, then a key area for investigation must be the largely neglected experiences and perceptions of socially disadvantaged parents.

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### **The structure of the thesis.**

The structure of the thesis. is as follows: **Chapters 1 and 2** will set out the theoretical basis of the study on which the thesis draws. The first chapter will be a "scene setting" chapter which reviews the current state of the debate about links between social deprivation and harm to children. The second chapter will be the major theoretical chapter in this thesis and it will analyse the three strands described in this introduction.



**Chapter 1** will assess current research evidence which points to links between social deprivation and harm to children. In reviewing this evidence, problems in defining harm to children will be highlighted. Consideration will be given to the argument that possible links may be overstated because poorer families tend to be disproportionately represented in official statistics as a consequence of being subjected to greater surveillance by social agencies. The implications for this debate of feminist perspectives on child abuse will also be explored. This discussion will lay the foundations for a deeper analysis of links between social deprivation and harm to children.

**Chapter 2** will set out the theoretical perspectives that inform the study. It will attempt to shed further light on the nature of links between social deprivation and harm to children by exploring the adversities and hindrances faced by children and families living in social disadvantage. It will be argued that the problems to which these adversities and hindrances give rise are linked by three main strands, each of which will be considered separately while emphasising their cumulative effects and "connectedness".

The chapter will explore the prospect of developing multi-layered, multi-dimensional models which seek to account for links between social deprivation and harm to children through examining interconnections between the practical resources available to parents; their social relationships and social support networks; and the personal characteristics and backgrounds of parents. This analysis will seek to shed light on the argument that harm to children is linked to complex, interacting psychosocial risk factors and deficits in material resources.

In exploring the third of the three strands - that social deprivation may contribute to psychosocial stress in families which may lead some parents to injure or neglect their



children - the chapter will set out a general theoretical framework for understanding this based upon the work of Rutter and others. It will go on to explore the processes which may be at work and in so doing develop a "cognitive-social constructionist" model to explain these processes.

**Chapter 3** will set out the objectives of the research study, the research questions and working hypotheses which were investigated, and the research methodology. The relationship between the interpretive frameworks developed in the theoretical discussion and the selection of research methods will be described. The methods used for this study will be seen to have combined "unobtrusive measures" i.e the use of documentary sources of data, with elements of social survey research and ethnographic approaches.

**Chapters 4 to 7** will set out the findings of the study.

**Chapter 4** will present findings on the distribution of child protection referrals across one metropolitan borough and the results of testing this distribution for correlations with indices of social deprivation according to the different neighbourhoods within the borough.

**Chapter 5** will present findings arising from the investigation of the circumstances of individual families whose children appeared on the local child protection register, in particular their socioeconomic situations. Other problems which these families may face will also be highlighted. The significance of this data will be assessed against the theoretical frameworks.

The findings presented in these two chapters will show whether in the area under investigation there exists empirical evidence that indicates links between social deprivation and harm to children, and as such whether trends in other U.K and U.S studies are

confirmed. Moreover, this survey will be seen to have provided the basis for the selection of a neighbourhood in which a study of parent's perceptions of the problems faced by them in bringing up children in neighbourhoods characterised by high scores on indices of social deprivation and high levels of child protection registrations, could be undertaken.

**Chapters 6 and 7** will go behind the statistical evidence to present the findings of the investigation of parent's experiences and perceptions. This was based upon a group interview and individual interviews conducted with mothers who were members of a Women's Group located at a Family Centre in the socially deprived neighbourhood selected for the study.

**Chapter 6** will set out case studies of five of these families to illustrate the overall possible impact of social deprivation on individual families. **Chapter 7** will describe the results of the individual in-depth interviews undertaken with 9 of the mothers in the women's group, and the group interview undertaken at the Family Centre with 14 mothers. The findings will be set out on a thematic basis. The findings presented in these two chapters will shed light on the adversities and hindrances encountered by socially disadvantaged families, the perceptions which parents have of these problems, and their views on possible solutions.

**Chapter 8** will discuss more fully the significance of these findings. It will analyse the extent to which the findings presented in Chapters 6 and 7 support the theoretical perspectives discussed in earlier chapters, and the light these findings shed on links between social deprivation and harm to children including the processes which may underpin those links.

**Chapter 9** will present the conclusions of this thesis. It will assess the extent to which the study has confirmed the original propositions set out in this introduction and the methodology section. The chapter will go on to develop a detailed discussion of the policy, practice and organisational implications of the study, making it possible to revisit the contextual themes presented in this introduction. The contribution which the thesis makes to this field of study will be considered.

# **CHAPTER 1**

## **ASSESSING THE EVIDENCE**

The purpose of this chapter is to set the scene for the major part of the theoretical discussion which will be undertaken in the next chapter, by assessing existing research evidence which points to links between social deprivation and harm to children.

In reviewing this evidence, problems in defining harm to children will be highlighted. Consideration will be given to the argument that these links may be overstated because poorer families tend to be disproportionately represented in official statistics as a consequence of being subjected to greater surveillance by social agencies. The implications for this debate of feminist perspectives on child abuse will also be explored.

The discussion will lay the foundations for a deeper analysis of links between social deprivation and harm to children based upon consideration of the three main strands which were described in the introduction.

### **Evidence of links between social deprivation and harm to children**

"Child abuse and neglect occur among families from all socio-economic levels, religious groups, races and nationalities." (Steele, 1975).

Steele advances the conventional wisdom that child abuse is a classless phenomenon, unrelated to the socio-economic status of families. Pelton (1981) has contested this position in a critique of what he terms the "myth of classlessness". He does not argue that poor people in general abuse and neglect their children, the evidence is that relatively few do. Nor



does he contend that children are not harmed in more affluent homes. However, he does challenge the notion that abuse and neglect are "classless" in the sense that they are not identifiable with low socio-economic groups. He asserts:

"The lower socio-economic classes are disproportionately represented among all child abuse and neglect cases known to public agencies, to the extent that an overwhelming percentage - indeed the vast majority - of the families in these cases live in poverty or near-poverty circumstances."  
(Pelton,1981,P26).

Pelton presents details of national and state surveys undertaken in the U.S.A to support his assertion. These indicate a preponderance of reported incidents of child abuse and neglect from families in the poorest socio-economic groups.(cf. Gil 1970, Young 1971, American Humane Association 1975,1978, Pelton 1977). Sedlak (1993) using more recent figures, confirms this picture for all types of abuse.

However, what evidence exists in the U.K to suggest that there may be links between social deprivation and harm to children?

The most recent evidence, based on a large-scale study of families who have experienced child protection investigations, the results of which are due to be published in full by the Dartington Social Research Unit in 1995, indicates that 57 per cent of these families lacked a wage earner. 54 per cent were in receipt of Income Support.

The N.S.P.C.C has compiled detailed national statistics on child abuse trends between 1983-87 and 1988-90 which indicate a similar picture. These figures include details of the socio-economic circumstances of families whose children have appeared on child protection

registers. Over the first of these periods it was found that over half the registered children's families were recorded as in receipt of supplementary benefit - 57 per cent. This figure rises to 77 per cent for families where the children were registered by reason of neglect. The N.S.P.C.C found that there were few differences from year to year except in the cases of emotional abuse where the percentage of those recorded as receiving supplementary benefits rose from 11 per cent in 1983 to 79 per cent in 1987. Table 1 presents the full picture:

**Table 1 Families on Supplementary Benefit by Reason of Registration (1983-1987 combined)**

Reason for Registration	Percentage on Supplementary Benefit
Physical Injury	51
Sexual Abuse	51
Neglect	77
Failure to Thrive	76
Emotional Abuse	53
At Risk	64
Total Registered	64

(Creighton and Noyes,1989,P.29)

The trends are confirmed in the more recent N.S.P.C.C. figures where 56 per cent of all families were dependent on income support, again rising to over 70 per cent for neglected and emotionally abused children. (See Table 2).

**Table 2 Families on Income Support by Reason of Registration (1988-1990 combined)**

Reason for Registration	Percentage on Income Support
Physical Injury	51
Sexual Abuse	46
Neglect	74
Emotional Abuse	71
Failure to Thrive	69
Neglect and Physical Abuse	65
Physical and Sexual Abuse	63
Grave Concern	59
Total Registrations	56

(Creighton,1992,P.42)

In an analysis of these figures Baldwin and Spencer (1993) describe how 40 per cent of fathers were found to be unemployed rising to 48 per cent for neglect cases. This compared with a national unemployment figure in 1989 of 5 per cent. 64 per cent of mothers were unemployed, again rising sharply in cases of neglect - 74 per cent. In fact over the period 1973-1990 for which the N.S.P.C.C has compiled figures, unemployment among fathers with children on registers always remained ahead of the national rate. Where parents were in paid employment, these were mainly manual occupations with an over-representation among semi-skilled and unskilled jobs. (Creighton 1992). There were so few parents in social classes I and II over the period 1988-90 that the data for them was amalgamated with social class III(N) to provide a non-manual occupational category. Some 4 per cent of mothers and 5 per cent of fathers were in non-manual occupations. This was also the percentage recorded in the report for 1983-87.

In an unpublished survey of children entered on the child protection register in Sheffield in 1976, 1980 and 1985 the same pattern emerges. (See Table 3).

**Table 3 Material Deprivation and Child Abuse Registration in Sheffield 1976, 1980, 1985**

	1976	1980	1985	All 3 Yrs
Dependant on State Benefit	40%	70%	70%	60%
Owning own accommodation	30%	10%	16%	22%

(Baldwin and Spencer, 1993,p5)



In his study of families with children on a child protection register, Corby (1987) found that three quarters of the men in these households were unemployed. Those men who were in work were in unskilled jobs. 20 of his 25 case-study families were in receipt of supplementary benefits. 17 of these families lived in council-rented accommodation and only 3 were owner-occupiers.

Other studies have identified "clustering" of children on child protection registers in deprived areas of cities (cf. Cotterill 1988). In Coventry 24.8 per cent of the children on the child protection register lived in one of the most deprived electoral wards. Yet only 12.4 per cent of the children in the city lived in the ward (Baldwin and Carruthers 1993). In a study in Strathclyde 60 per cent of the children on the regional child protection register lived in Glasgow which has the highest concentration of poverty but only 27 per cent of the region's population. Within the city: "the three areas of highest poverty accounted for four times as many registered children as the other areas of the city". (Baldwin and Spencer, 1993, P.6).

### **Interpreting the evidence**

The evidence suggests that links may exist between social deprivation and harm to children. However, there are reasons why this evidence needs to be interpreted with caution. The first difficulty arises from the definitions of harm which are used. In the evidence which has been presented, harm to children is based upon the application of official definitions of child abuse and neglect to individual incidents. The use of official definitions to record incidents of actual or possible harm to children poses problems.

Official definitions, as embodied in the "Working Together" document (D.o.H 1991a), tend to present child abuse as though it comprises diagnostic categories which are self-evident. Yet in practice they are anything but this.

Gelles (1975) argues that in reality there is "no objective phenomenon that can be defined as child abuse". Officially recognised cases of child abuse are really the products of social labelling and social processes by which the behaviour of the caretaker is labelled as abusive or their children are recognised as being abused. So while government agencies might introduce diagnostic categories of the kind set out in "Working Together" which are intended as some sort of objective means of quantifying "significant harm" to children (the test to be applied under the Children Act 1989), these still have to be interpreted and applied to individual incidents where the intentions of the actors have to be divined, the effects upon the child assessed and the act evaluated. However, this a highly subjective process.

What is seen as child abuse by one individual will not necessarily be seen as such by another. Similarly, what might be termed as abusive behaviour by one professional group will not necessarily be seen the same way by another group. Thus the process used to assign the label of "child abuse" means that certain children and families may be "tagged" as abused and abusers while others may be "insulated" from the label even if they are engaged in the same behaviour as those labelled as child abusers.

In a study of the attitudes and perceptions of 500 professionals, Gelles (1982) provides empirical evidence to support these assertions. He concludes:

- (a) there is no one, uniform, accepted (or acceptable) definition of child abuse;

(b) definitions of abuse vary among professional groups;

(c) the process by which cases are identified and labelled as child abuse varies. It also varies by professional group.

Others have reached similar conclusions. In a U.K study of health professionals diagnosing possible child abuse in hospital accident departments, Dingwall, Eekelaar and Murray observe that official definitions of abuse and neglect are "the products of complex processes of identification, confirmation and disposal rather than inherent in a child's presenting condition, and at least in some sense, self evident" (Dingwall, Eekelaar and Murray 1983,P.21).

Parton widens the debate:

"Child abuse is not a naturalistic category, nothing is 'naturally' child abuse. It is only child abuse if it has been proscribed in a given society and if the control agencies act in such a way as to enforce the proscription" (Parton N, 1985, P.148).

Moreover: "it is a product of a particular culture and context and not an absolute unchanging phenomenon." (Corby,1993,P.39).

Parton illustrates these points by arguing that historically the "discovery" of child abuse has been characterised by a steady broadening of the definitional boundaries - what Dingwall (1989) has called the "diagnostic inflation" of child abuse.



Thus the "battered baby syndrome" of the 1960s became "non-accidental injury" in the 1970s (cf. D.H.S.S 1974) with the term "child abuse" only gaining currency in the latter part of the decade (D.H.S.S 1978). Whereas non-accidental injury to children was based on concern about the physical abuse of children, the description of child abuse marked a shift towards greater concern with the damaging impact of general neglect, sexual abuse and emotional abuse, and the fact that older children as well as younger children were at risk (Parton N,1985).

The emergence of the term "child protection" has, put simply, arisen from the more modern development of a range of legal, regulatory and interventive strategies designed to prevent harm to children (Parton N,1991). Indeed the same author identifies in the shift from "child abuse" to "child protection" a redefinition of the problem from a socio-medical one to a socio-legal one as juridicially sanctioned rights and responsibilities governing children, families and the conduct of professionals, particularly social workers, become embedded within the new legislative framework established by the Children Act 1989. (See also Langan 1993). The introduction of the Memorandum of Good Practice on the video-taping of interviews of child witnesses (i.e. the victims of possible physical and sexual assault), which emphasises the importance of collecting evidence during child abuse investigations for possible criminal proceedings, is perhaps the clearest embodiment of this shift (D.o.H and Home Office 1992).

It is unlikely that children have only been subjected to physical, sexual, emotional abuse and neglect since the second world war (See Parton 1985 and Corby 1993 for historical analyses of social attitudes towards children and their treatment). However, as Parton describes, what has changed is the social, political and professional response to the problem and beliefs about how children should be treated. Thus child abuse is a social construction and for



Gelles (1979) it is not so much a diagnostic category as a political category designed to call attention to the issue.

Of equal significance are the forms of harm to children which may be excluded from those categories. In this thesis attention is drawn to various forms of harm to children some of which are not proscribed in this society but which may have important implications for larger numbers of children than those who appear in official statistics relating to individual incidents of child abuse and neglect. Corby (1993) has argued that it is always necessary to understand who is doing the defining and what their aims and intentions are. This links with the argument set out in the introduction that official definitions of harm to children are likely to be strongly influenced by "ruling ideas" (Hall 1988) on children, the family and society which view parenting as largely a matter of individual responsibility. Put simply, it could be argued that since those who exercise economic and political power have a vested interest in sustaining social inequalities from which they derive their privileged position in society, it is therefore inevitable that official definitions should focus upon the actions and omissions of parents, and ignore the socioeconomic contexts in which child care takes place.

The complex processes of definition and labelling which social researchers have highlighted have further significance for the way in which evidence of possible links between harm to children and social deprivation is assessed.

### **Are the poor disproportionately represented in official statistics?**

Gelles (1982) describes how the processes by which the label of "child abuse" is assigned means that certain children and families may be "tagged" as abused and abusers, while others may be "insulated" from the label even if they are engaged in the same behaviour as

those labelled as child abusers. Drawing on his study of professional attitudes, he observes that the main considerations in deciding whether a child was abused and that he or she should be referred to the appropriate social agency were the physical state of the child; the psychological states of the child and carer; the behaviour of the caretaker and in particular their ability to explain the condition of the child.

Gelles goes on to argue that children who are identified as abused and the families identified as abusers will typically be those who have members whose behaviours depart from the expected norm. "Thus a caretaker who can present a reasonable presentation of self and can provide a reasonable accounting of the child's injury can escape detection" (Gelles,1982,P28).

Developing this theme, Dingwall et al (1983) argue that there exists a strong social class component in this process. Using their study of health professionals diagnosing possible child abuse in hospital accident departments, they conclude that the processes by which decisions are made to intervene are based on political judgements about the social condition and moral character of the parents and children suspected as being "abuser" and "abused". Moreover, these processes tend to subject poorer people to compulsory intervention while filtering out those from the more "respectable" strata of society:

"This effect is achieved by tests which are not class-biased in any simple or overt sense but which different social groups are differentially able to meet."

(Dingwall et al,1983,P.101-2).

Gelles holds that these processes can lead to serious errors. Some cases of child abuse will be incorrectly diagnosed as "not abuse" (false negatives) and some will be incorrectly

labelled as "child abuse" (false positives). This misclassification of cases can have highly damaging consequences for parents and children. The stigma of being labelled as a child abuser can influence a parent's ability to function by compounding feelings of inadequacy: "We may, in fact, create a self-fulfilling prophecy and produce maltreatment as a result of our prevention efforts." (Gelles, 1982, P.3). There is also evidence of the deeply traumatic impact these processes can have upon families where the parents claim to have been falsely accused of child abuse. (Prosser, 1992).

Problems may be compounded by the operation of official systems for recording incidents of abuse. There is evidence to suggest that a high proportion of child abuse referrals never get to child protection registers even though no apparent qualitative difference can be found between cases which "drop out" of the system and those ultimately registered (Giller, Gormley and Williams 1992). In her study Gibbons (1993) found that up to two thirds of referrals which were investigated were dropped before being considered for registration at a child protection conference. This picture will be confirmed by a major study commissioned by the Department of Health, the results of which will be published in 1995 (Dartington Social Research Unit [Forthcoming]). The Dartington research will show that of 160,000 children referred annually for Section 47 enquiries under the Children Act only 24,000 (15 per cent) were placed on a child protection register.

Such findings have already prompted concern that not only are decisions about whether or not to convene a child protection conference highly arbitrary but that too many children are being drawn into the child protection system. It has been argued that many of these children might be more appropriately dealt with under the family support provisions of the Children Act 1989 (Thoburn 1994).



Moreover, differential rates of identification and referral between professionals may have some bearing upon the tendency of cases to "cluster" in particular neighbourhoods. Taking up the arguments of Dingwall et al, those professionals operating in more affluent local areas might encounter a higher level of resistance to agency interventions and more sophisticated defences to allegations of abuse. There might therefore be more reluctance to identify and report possible abuse. By contrast, professionals who are more used to following up concerns about children and who as a consequence are more practised in the skills of identification and investigation are likely to see their work result in higher numbers of referrals and registrations.

It may be argued that the net effect of these processes is to ensure that the class distribution of reported cases does not reflect the real distribution of the problem since poor families are disproportionately represented among cases known to social agencies. The implication is that there are proportionately more unreported cases among the more affluent classes than among the poorer social classes, to such an extent that the problem is more or less proportionately distributed among all classes.

Garbarino and Crouter (1978) and Pelton (1981) provide evidence which casts doubt upon this argument. Pelton accepts that the lives of poor people are more open to inspection by social agencies. Equally, that "middle" and "upper" class people are less likely to turn to social agencies when help is needed. However, while an increased level of public awareness has led to a rise in the number of reported cases of abuse and neglect in all social groups, the proportions from the different social classes have altered very little, and in any event failed to increase the proportion of reports from above the "lower" social classes. The statistics from the N.S.P.C.C and Sheffield would seem to bear this out. While there was a marked increase in the overall levels of registrations in all categories between 1975 and



1990, the social class distribution of referrals seems to have remained stable. (Creighton,1992).

Secondly, the public scrutiny argument does not explain why child abuse and neglect are related to degrees of poverty even within the lower social classes, so that the highest incidence of the problem occurs within families experiencing the most extreme poverty. As Pelton observes: "the abusing and neglecting families are the poorest of the poor". (Pelton,1981,P.28). This has to be weighed against the possibility that the poorer the family the greater the degree of surveillance.

Thirdly, even among the reported cases the most severe injuries have occurred in the poorest families. In his survey Gil (1970) reports that injuries were more likely to be fatal or serious amongst the poorest families. In a U.K study of 134 abused children under five, the parents were said to be predominantly from the poorest sections of society (Smith 1975).

Garbarino and Crouter (1978) have set out strong empirical evidence which undermines the argument that greater surveillance of the poor has a distorting effect on child abuse statistics. In studies designed to illustrate the use of child maltreatment report data as social indicators of the quality of life for families, they demonstrate that the source of the report on child abuse varies with other ecological characteristics in the locality. Areas experiencing economic stress are areas where "distant sources" - hospitals, schools, social agencies and law enforcement groups - are more likely to report child abuse. Conversely, in higher income areas reporting is more likely to be carried out by "close sources" such as family members, neighbours and friends.

Their studies revealed a strong positive correlation between indicators of low income, stress on mothers and overall child abuse with the percentage of cases reported by distant sources. They found a strong positive relationship existed between higher income and the likelihood of child abuse being reported by close sources. On this basis Garbarino and Crouter confirm that: "the source of child maltreatment reports varies as a function of other indicators of the material and psychosocial quality of life for families".

Garbarino and Crouter argue that if reporting by distant sources is biased along socio-economic lines then it presumably discriminates against less affluent groups and areas, a presumption which seems to have been confirmed by the later research of Dingwall, Eekelaar and Murray (1983). However, Garbarino and Crouter's studies revealed that workers in law enforcement offices and child protection services held a widespread belief that people in low income areas (close sources) were less likely to report on their neighbours and families. They accounted for this as follows:

"..it appears that community standards used in defining inadequate and unacceptable child care are lower in the most socio-economically distressed areas. Put more directly (and bluntly), in the informed opinion of field-workers, patterns that would be judged abusive or neglectful in more affluent areas are likely to be accepted (with resignation perhaps) in less affluent areas." (Garbarino and Crouter,1978,P.611).

As data in the next section of this chapter will reveal, poor families and poor communities also have most reason to fear that children will be taken into public care if concerns are expressed about them. This is likely to act as a major deterrent to reporting by close sources in such areas.

On this basis, Garbarino and Crouter observe that if there is over reporting by institutional sources in low income areas, there is likely to be underreporting by non-institutional sources: *"The net effect, we hypothesised, was that the overall validity of the report data was good."* (ibid., my emphasis).

There are therefore compelling arguments to support the view that the class distribution of reported cases may reflect the real distribution of the problem.

### **Links between deprivation and other child care problems**

The previous sections have considered existing evidence relating to links between social deprivation and harm to children as manifested in individual cases of abuse and neglect that come to official attention.

However, these arguments need to be seen in the context of evidence of links between social deprivation and more general child care problems which indicate the presence of what I described in the introduction as general prevalence of harm to children.

As part of a controlled study of family support in local areas, Gibbons (1990) reported significant differences in the material circumstances of families referred to the social services department for child care problems when compared with a community sample. A highly significant difference was noted between families referred to social services and the community sample families when measured against a "disadvantage index" which consisted of the percentage of families with large numbers of children, overcrowding, temporary housing, lack of basic amenities and consumer goods, and without a wage earner.



Bebbington and Miles (1989) show that deprivation is a common factor among all types of children who enter public care. In a study of 2,500 children admitted to care they found that:

- only a quarter were living with both parents
- almost three quarters of the families received income support
- only one in five lived in owner occupied housing
- over one half were living in "poor" neighbourhoods

Bebbington and Miles compare the probability of admission to care for two children of similar age but in very different circumstances:

<b>Child A</b>	<b>Child B</b>
Aged 5 to 9	Aged 5 to 9
No dependence on social benefits	Household head receives income support
Two parent family	Single adult household
Three or fewer children	Four or more children
White	Mixed ethnic origin
Owner occupied home	Privately rented home
More rooms than people	One or more persons per room
<i><b>Odds are 1 in 7000</b></i>	<i><b>Odds are 1 in 10</b></i>

(Bebbington and Miles 1989, quoted in D.o.H 1991c).

This confirms the findings of Packman et al (1986) and Millham et al (1985) who also conducted studies of the circumstances of children entering public care. Moreover, evidence from the early 1980s demonstrates that children who come into care are more likely to live in socially deprived areas. (Table 4).

Bebbington and Miles (1989) confirm this geographical trend finding that 56 per cent of the children admitted into care in their study came from "poor" wards compared with a third of



all children in 1981. These wards tended to be located in deprived inner city areas. While they observe that to a considerable extent children from these areas come into care because they are themselves deprived rather than because they live in proximity with other deprived children, Bebbington and Miles nevertheless conclude that the rate of entry into care in areas with many poor wards is higher than would be predicted from family related social indicators alone. This implies:

"that coming from a poor ward has an independent effect on the probability of entry." (Bebbington and Miles,1989,P.357).

**Table 4   Children in Care by Local Authority**

Local Authority Children in Care per 1000 aged under 18	
Southwark	22.67
Lambeth	20.26
Hackney	19.13
Manchester	17.45
Warwick	4.67
Surrey	4.02
Solihull	1.07

DHSS Personal Social Services Local Authority Statistics: "Children in Care of Local Authorities year ending 31st March 1981. England. Table 1.01. (A/F81/12).

Using a set of criteria which included "social dependence" (i.e. families dependent upon state or community subsistence) and overcrowded housing, Kolvin et al (1988) found that

coming from a deprived background gives rise to a higher rate of offending behaviour in boys.

Children from poorer families are more likely to experience accidents, the largest single cause of death among children. As the Black Report observes:

"It is impossible to escape the conclusion that in the context of childhood the most straightforward of material explanations is capable of providing a simple chain of causation by which the pattern of health inequality is illuminated. Households in occupational classes IV and V simply lack the means to provide their children with as high a level of protection as that which is found in the average middle class home." (Townsend and Davidson, 1982, P.127-128).

Strong evidence exists to suggest links between social deprivation and poor health in children:-

- In 1986, babies born to families in social classes IV and V families were 148 per cent more likely to die in the perinatal period than babies born to families in social classes I and II (Whitehead 1988).
- In 1986, babies born to parents in these two poorer social classes had a 178 per cent greater chance of dying in the postneonatal period than babies from the higher social classes (ibid.).
- A survey of pregnant women on supplementary benefit found that a third consumed a very poor diet (Hanes 1986).

- Two thirds of all low birth weight babies are born to working class mothers (Smith and Jacobson 1988).
- Large-scale longitudinal studies reveal that children from manual classes suffer more respiratory infections and diseases, ear infections and squints, and are more likely to be of shorter stature than children in non-manual classes (Davie, Butler and Goldstein 1972, Tanner 1986).
- Children living in damp and mouldy housing are more likely to experience a number of respiratory symptoms such as wheeziness, running nose and sore throats, headaches, fevers and irritability (Platt, Martin, Hunt et al 1989).
- Low income families tend to have less healthy diets than wealthier families (Blackburn 1991).

As commented earlier, all these findings confirm the presence of general prevalence of harm to children associated with social deprivation, in addition to the tendency for individual situations of child abuse and neglect to be linked with poverty and social deprivation. In this thesis it will be argued that both sets of circumstances are likely to be connected.

## **Child Sexual Abuse**

There is a further issue to consider in assessing possible links between harm to children and social deprivation. This concerns the forms of child abuse which are being described. While there might be some acceptance that links may exist between physical abuse and neglect and social deprivation, the presence of other factors makes this relationship more difficult to accept with regard to child sexual abuse.



The argument is that child sexual abuse is more appropriately seen as the result of the use and abuse of male power over women and children. (cf. Driver and Droisen 1989). The roots of the problem lie within male sexuality, and the offending behaviour of male perpetrators of sexual abuse follows patterns and processes which are not easily attributable to the effects of poverty and deprivation. Moreover, to argue that it is might allow the perpetrator to shift responsibility for his behaviour away from himself and confirm him in his offending cycles.

While this is a powerful analysis, it needs to be remembered that the N.S.P.C.C statistics for the period 1983-87 reveal that 51 per cent of families registered by reason of child sexual abuse were in receipt of supplementary benefits, and 46 per cent in the period 1988-90 received income support. For cases involving both physical and sexual abuse this rises to 63 per cent. Moreover, Sedlak (1993) found the same correlations between poverty and sexual abuse as poverty and physical abuse.

La Fontaine (1994) in her study of ritual abuse (defined by her as sexual abuse where there have been allegations of ritual associated with the abuse whether or not the allegations have been taken any further or tested in the courts) found that nearly 73 per cent of the cases considered by the Official Solicitor involved very poor people. Only 31 per cent of the men involved in these cases were recorded as being in work. There were indications that most of those in work were low paid. Even fewer women (17 per cent) were working and all but one was in manual employment. Rundown urban estates were mentioned as the setting for 12 of the 38 cases.

The study on which this thesis draws set out primarily to investigate links between physical harm and neglect to children and social deprivation. However, it too found similar



correlations between all forms of abuse. Moreover, cases involving combinations of physical and sexual abuse, all of which were characterised by particularly violent and disturbing domestic circumstances, were to be found only in the most severely socially disadvantaged areas in the metropolitan borough in which the study was conducted. That is, neighbourhoods with the poorest housing, the highest rates of unemployment, the highest concentrations of low income families and the poorest social amenities. The brutalising effects of poverty and social deprivation on human behaviour and response may therefore need to be given far greater consideration in explaining child sexual abuse, alongside other forms of abuse, than has tended to be the case. The possibility cannot be ruled out that there may exist some complex interrelationship between male sexuality, which within popular culture is often defined in violent and aggressive terms; the personal and behavioural characteristics of sex offenders which include distorted patterns of thinking about children and offending cycles; social deprivation and other factors. Seen in this context, the effects of social deprivation in cases of child sexual abuse may be different to other forms of abuse but these effects could still be significant.

This need not detract from the fact that the accounts of survivors of child sexual abuse suggest that it is present in all socio-economic groups, in the same way that although the evidence points to its concentration in socially disadvantaged families, physical abuse is by no means unknown in more affluent families. What may make the situation even more complex with regard to child sexual abuse is the greater capacity to "mask" the problem through the silencing of children by perpetrators, than may be possible in cases of physical injury and neglect.

As already suggested, these findings and perspectives may not at first sight rest easily with some of the orthodoxies which have shaped contemporary discourses around child abuse,

particularly those which seek to account for the problem in terms of gender rather than class inequalities. Analysing the N.S.P.C.C figures, Christine Parton (1990) confirms that the vast majority of child sexual abuse is perpetrated by men and that girls are the main victims, though there is increasing evidence that a few women also sexually abuse children (Elliott 1993) and the sexual abuse of boys is probably under-reported (Finkelhor 1984).

However, feminist analyses of child abuse have not been confined to sexual abuse. Physical abuse is also attributed to male violence against women and children. It too is seen as a reflection of the unequal power relationship within patriarchal society between men and women at both a personal and structural level, and the means by which men, along with ideological and economic controls, enforce and maintain their dominance (Parton C, 1990).

While the N.S.P.C.C statistics on reported child abuse show that the responsibility for physical abuse is approximately equally distributed between men and women, Parton points out that when these figures are controlled for whom the child lives with then the proportion of the total amount of physical abuse committed by men is 60-61 per cent. She argues that if it were possible to control for who spends most time with the child then the level of men's abuse would be higher given that their participation in child care tends to be low. It is mothers, not fathers, who are primarily responsible for child care in this country (Cohen 1988). This higher level of contact may also account for why women predominate in cases of emotional abuse and neglect (Parton C, 1990).

In the study on which this thesis draws, these trends were confirmed. All the cases of sexual abuse which were examined were perpetrated by males. There was a 2:1 ratio towards men in the cases of physical abuse.



This raises important issues for this study. The aim of the study of parents' perceptions was to get behind the child abuse statistics, which were the starting point of the investigation, and explore the experience of parenting in a neighbourhood characterised by high scores on indices of social deprivation and high rates of child protection registrations. These accounts of parenting in poverty were based exclusively on the experiences of mothers. Yet the evidence points very firmly towards men as the main perpetrators of physical and sexual abuse against children.

There are methodological reasons for this orientation which will be explained fully in chapter 3. It is sufficient to state here that while attempts were made to interview parents of both genders whose children appeared on the local child protection register, ultimately it was only possible to secure access to a group of mothers attending a Women's Group at a Family Centre located in the neighbourhood under investigation.

However, there is also a strong theoretical justification for this focus on women's experiences. As Parton and Cohen have argued and as will be emphasised at various points throughout this thesis, in the U.K it is women who assume the major care-giving role where children are concerned. Any discussion of the experience of parenting must therefore address *women's* experiences, though this is not to deny that additional material on the perceptions and experiences of men would enrich these insights.

Moreover, this thesis endeavours to shed light on the nature of links between social deprivation and *harm to children*. As described in the introduction to his thesis, this description represents an attempt to reformulate what are currently referred to as "child abuse" and "child protection" in terms of wider definitions which see the problem as arising from:

"inflicted gaps or deficits between circumstances of living which would facilitate the optimum development of children, to which they should be entitled, and their actual circumstances, *irrespective of the sources or agents of the deficit.*" (Gil 1975, my emphasis).

As a consequence:

Any act of commission or omission by individuals, institutions or the whole society, together with the resultant conditions which "deprive children of equal rights and liberties, and/or interfere with their optimal development, constitute, by definition, abuse or neglectful acts or conditions." (Gil 1980).

Gil's reformulation of child abuse, which stands in contrast to the limited and limiting definitions of abuse contained in the "Working Together" document (D.o.H 1991a), is based upon the argument that harm to children can only really be understood in terms of the violence which is perpetrated against individuals by social institutions. Social, economic and political inequalities stunt the growth and development of citizens and in the process increase the potential for violent reactions in situations of stress. Stressful experiences exacerbated by social deprivation can have the effect of weakening the parent's psychological mechanisms for self control and contribute to the discharge of aggressive and destructive impulses towards powerless children. (See Gil 1970,1975,1978,1980).

This reformulation also has major practical implications because it makes it possible to extend the notion of "child protection" beyond an exclusive focus on the behaviour of individual parents and towards a consideration of the social and material circumstances in



which child rearing is undertaken. The practice and policy implications of this will be developed throughout this thesis.

However, while Gil draws our attention to some potentially valuable concepts, as currently conceived they are rather general and imprecise. In the chapters which follow it will be argued that important insights can be provided into the processes described by Gil, by applying to an analysis of links between social deprivation and harm to children, the concepts of psychosocial development and psychosocial stress as investigated by Rutter and others. By blending these concepts with other theoretical perspectives it becomes possible to deepen our understanding of the nature of these links and the intricacies of their possible operation.

It is important to stress that at the heart of this reformulation of child abuse lies a recognition that harm to children is a deeply complex, multi-causal, multi-faceted, multi-layered phenomenon. It is only likely to be adequately understood by reference to a range of theoretical perspectives and even then there may be many other strands and components to consider. However, these perspectives need to include feminist accounts and social class analyses. It is the latter which is the primary focus and concern of this thesis.

## **Conclusions**

Current evidence indicates that links exist between social deprivation and harm to children in relation both to individual acts of harm perpetrated by adults against children, and (given the links between social deprivation and other child care problems) in terms of social deprivation as a major contributory factor to general prevalence of harm to children.

However, as Baldwin and Spencer (1993) have argued, great caution is still needed in interpreting this evidence.

In using official child abuse statistics to explore links between social deprivation and harm to children, this chapter has emphasised that account needs to be taken of the tendency of social agencies to identify the children of the poor as "at risk", though it has been concluded that when all factors are taken into consideration it is unlikely that these statistics distort the true social class distribution of the problem. It has also been demonstrated that the lack of clear and accepted definitions of child abuse, notwithstanding the efforts of the Department of Health, make this extremely contentious territory, though an attempt has been made in this chapter to "reformulate" the terms of the debate by applying the more general term of "harm to children".

Moreover, Baldwin and Spencer highlight the fact that the N.S.P.C.C and Sheffield studies have to be viewed in the context of a more general rise in unemployment in the U.K between the mid 1970s and mid 1980s, though it is clear that rates of unemployment among families with children on registers has over a 15 year period remained consistently ahead of national rates of unemployment. They also point to studies which suggest that a rise in unemployment has not in itself influenced child abuse but that the criminal record of the male partner might be the strongest predictive factor. (cf. Taitz, Nicholson and King 1987).

In fact:

"a confusing array of variables appears to influence abuse within families making causative pathways difficult to discern" (Baldwin and Spencer, 1993, P.8)

Parents' own experience of abuse, low educational attainment and the strength of the relationship between lone parent families and admission into care, which remains strong even when material deprivation is taken into account, have all been identified in studies as factors which may need to be considered (ibid.).

In addition, Wolfe (1993) identifies the relationship between the parent's abilities and resources and the child's emerging behavioural and emotional characteristics as key factors in child maltreatment, posing this as an alternative account to those which view abuse as the product of individual psychopathology.

As Nigel Parton (1985) argues, child abuse and neglect is best understood when seen as arising from the operation of "multiple interacting factors". Yet as he and Sedlak (1993) contend, these factors are likely to be strongly and consistently correlated with material deprivation, a view also supported to some extent by Wolfe.

However, material deprivation is not:

"a one dimensional variable but a complex web of circumstances acting and interacting upon each other."...."A cluster of influences appears to produce a cluster of consequences, with the familiar picture in areas of poverty and material deprivation of high levels of crime, child abuse, educational failure and truancy, teenage pregnancies, low birth weight and many other health problems...Exactly the same pattern is present in the U.S as in this country...and is also clearly seen in developing countries." (Baldwin and Spencer,1993,P.9).



As these same authors conclude, though not proof of a direct causative link between material deprivation and child abuse, the evidence points strongly in that direction.

However, in assessing feminist and social class perspectives on child abuse it has been suggested that it may be possible to move beyond the arguments and evidence reviewed in this chapter to shed further light on the nature and intricacies of these links. To achieve this it is necessary to consider in detail the twin, connected arguments that characterise this thesis. i.e. social deprivation as both *primary* and *secondary* sources of harm to children. The focus of this analysis will be the three strands described in the introduction, which it is argued link the problems encountered by socially disadvantaged parents, or more accurately given the discussion in this first chapter and the description of the study on which this thesis draws, socially disadvantaged mothers.

This analysis will make it possible to develop multi-layered, multi-dimensional models which seek to account for links between social deprivation and harm to children through examining interconnections between the practical resources available to parents; their social relationships and neighbourhood support networks; and the personal characteristics and backgrounds of parents. By constructing such models it will become possible to develop the argument that harm to children is linked to deficits in material resources and complex, interacting psychosocial stress factors.

These are the tasks that will be undertaken in the next chapter which constitutes the main body of the theoretical discussion contained in this thesis.



## **CHAPTER 2**

### **THREE STRANDS LINKING SOCIAL DEPRIVATION AND HARM TO CHILDREN**

In exploring the nature of links between social deprivation and harm to children this chapter will analyse three main strands which appear to link the problems associated with the adversities and hindrances faced by socially disadvantaged parents:-

- social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children.
- by creating material, social, interpersonal and intrapersonal barriers in families, social deprivation can prevent parents from achieving the standards of parenting to which they might aspire and which society expects of them.
- in interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children.

In order that the many complex themes and arguments associated with these three strands may be teased apart, the chapter will be divided into five main sections. In Section 1 some contextual issues will be explored. These relate to definitional problems which arise in respect of poverty and social deprivation, and the findings of studies that have already explored the implications for children and families of living in poverty and social deprivation.

Section 2 of the chapter will explore the first of the three strands described above. Section 3 will analyse the second strand, and Section 4 the third strand. This will make it possible to develop the twin, connected levels of argument that characterise this thesis. Section 5 will endeavour to bring the various strands and arguments together to construct a model which indicates possible processes and pathways that may lead to harmful outcomes for some children at the hands of their parents.

In considering the first and second strands in sections two and three, the chapter will examine the extent to which the adversities and hindrances encountered by socially disadvantaged parents may constrain the possibilities open to them as they strive to raise their children safely and in good health. How, in making it difficult for parents to meet the basic needs of their children, social deprivation contributes to general prevalence of harm to children. In these ways it will be possible to develop the argument that social deprivation represents a *primary* source of harm to children. The implications of this for children and parents will be explored.

The fourth section of the chapter will focus on the second level of argument: how social deprivation, as a primary source of harm to children may, in complex interaction with many other factors, contribute to high levels of psychosocial stress in families which in some situations can lead to *secondary* forms of harm. By which is meant acts of violence and/or neglect perpetrated by some severely "stressed" parents against their children.

It is important to emphasise that while I have divided the discussion in this chapter into different sections in order to clearly distinguish between each of the three strands that may link social deprivation and harm to children, central to the arguments developed here is the belief that these strands are *connected*. The *cumulative* adverse impact on parents and

children of having to cope with the adversities and hindrances associated with social deprivation as a primary source of harm (i.e. living in an impoverished neighbourhood and feeling prevented from providing good standards of child care) may well contribute to high levels of psychosocial stress in families. In some circumstances this could lead to harmful outcomes for children at the hands of severely stressed parents - secondary forms of harm. Thus the arguments constructed in this chapter and in particular the "process" model in which it culminates, are based on the premise that socially disadvantaged parents may well experience a downward spiral of stress, inability to cope, and despair that in some situations could ultimately lead to acts of abuse and neglect.

In exploring the third strand - social deprivation as a contributor to stress that may lead some parents to physically injure or neglect their children - the principles and concepts of psychosocial development and psychosocial stress as elaborated by Rutter and others, and their possible relationship with the experience of social deprivation will be analysed. A definition of psychosocial stress will be offered. The discussion will then move into a more detailed exploration of the possible effects of stress on individuals, reflecting in particular upon the cognitive processes and outcomes to which exposure to psychosocial stress may give rise. These insights will be blended with theories on "social labelling" (already applied in Chapter 1) and "learned helplessness syndrome". Reference will also be made to the influence of dominant ideologies on parenting.

A further dimension in this "integrative", "interactional" account of harm to children will be a concern with the principles and processes by which individuals interpret and construct their social worlds: the "meanings" which they attach to their experiences and actions and the influence this may exert over the way parents behave towards their children.



As already described, this analysis will make it possible in the fifth and final section of this chapter to pull together all the strands and themes that have been explored to develop a "cognitive-social constructionist" model of harm to children which seeks to indicate possible processes through which some parents may come to physically injure or neglect their children.

This analysis of process issues will be characterised by a systemic approach. It will emphasise the linkages between social deprivation, psychosocial stress and harm to children; the importance to this process of the ways in which individuals make sense of and attach meanings to their stressful experiences; the actions which may follow from these attributions of meaning; the external "feedback" which individuals may receive as a consequence of their attributions and actions; and the possible effects of such feedback on attitudes and behaviour towards children.

It is important to stress that while the complex models and accounts presented in this chapter seek to develop a framework for understanding some of the components and processes that may be at work, it does not at any point claim that the study of harm to children can or should be reduced to a simple set of "rules" or "characteristics" which can be seen as determining individual responses and outcomes in this area. This is not possible for two major related reasons which have already been touched upon in the introduction to this thesis and at the end of Chapter 1.

Firstly, the vast range of meanings which different people will attribute to their "lived experiences" and the myriad behavioural outcomes to which these attributions may give rise over time must mean that harm to children will always need to be recognised as a multi-



layered, multi-dimensional phenomenon that does not lend itself to narrow, prescriptive accounts.

Secondly, while the discussion here considers a range of factors which may shed light on the nature of links between social deprivation and harm to children, there are likely to be many more strands and components at work influencing these highly complex, interactive processes. As Blaxter (1990) has acknowledged in respect to the study of mental health, while many dimensions of this are likely to be related to socio-economic circumstances, individual characteristics, attitudes, beliefs and behaviour, other factors such as gender, race, household structure, employment status and levels of social integration are likely to link with low income to influence the mental health status of individuals. The same principle applies to this discussion.

As such, the arguments and models explored in this chapter and the theoretical perspectives from which they are derived can only hope to address some of the strands, components and processes that may influence the multifarious causative pathways leading to harm to children.

Moreover, while the discussion in this chapter seeks very firmly to shift the parameters of discourse in this field by exploring the weight which should be attached to social deprivation in the aetiology of harm to children, the propositions advanced here are most safely regarded as *speculations* about particular relationships rather than proof of their presence and operation. The theoretical material on which this discussion draws, for example Rutter's research findings on psychosocial risk, would seem to be of an *indicative* rather than a *concrete* nature and should be treated as such.

This has implications for the study on which this thesis draws. By investigating the adversities and hindrances encountered by socially disadvantaged parents it will be possible to see whether the study *indicates* the presence of the three strands explored in this chapter. It will be possible to assess whether the evidence *suggests* that these adversities may have an adverse cumulative effect on the care of children. In exploring the extent to which the "lived experiences" and "stories" told by socially disadvantaged parents tend to support the theoretical perspectives and models developed in this chapter, the study will make it possible to *speculate* on the extent to which interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks may influence the possibilities open to parents as they endeavour to raise their children safely and in good health. On this basis it will be possible to look behind the statistical trends considered in Chapter 1 and investigated further in Chapters 4 and 5, to explore the argument that harm to children is linked to deficits in material resources and complex, interacting psychosocial stress factors.

## 1. Contextual Issues

Before moving into an exploration of the three strands which lie at the heart of the arguments developed in this thesis, consideration will be given to two sets of important contextual issues that have important implications for this analysis. These concern definitional problems that arise in respect of poverty and social deprivation, and studies that have already investigated the experience of poverty and its implications for children.

## **Problems in defining poverty and social deprivation**

It is not the purpose of this thesis to rework the major debates that have taken place around definitions of poverty, social and material deprivation and social disadvantage. However, just as it was necessary to take into account problems in the definition of harm to children so some of the problems in defining poverty need to be acknowledged.

The main issue is whether poverty should be viewed as an absolute or relative phenomenon. As Blackburn (1991) describes, the concept of absolute poverty rests on the notion that it is possible to define a minimum standard for physical survival. Within this definition the needs of the poor are seen not to change over time, and it has been used as a basis to argue that since living standards have improved so much since the early part of the century and the pre-war period, poverty no longer exists in the U.K (Moore, 1989).

By contrast Townsend has declared that:

"Poverty can be defined objectively and applied consistently only in terms of the concept of relative deprivation." (Townsend, 1979a, P.31)

Thus:

"Individuals, families and groups in the population can be said to be in poverty if they lack the resources to obtain the type of diets, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies to which they belong." (Townsend, 1979b).



In analysing these apparently polarised positions Hewitt (1993), drawing upon Townsend, unpicks the interrelationship between poverty, deprivation and need. In doing so he explores a possible synthesis between these two conceptions of poverty which rests well with the notion that if parents are to raise their children safely and in good health, certain basic standards of material provision are necessary.

Hewitt contends that recent developments in social policy studies of need provide empirical support for the existence of a "universal dimension of need beyond the contextualisations and relative definitions of need." (Hewitt,1993,P.72. cf. Brown,D. 1991). On this basis he argues that it might be possible to prescribe levels of need which governments should aim to secure if specific types of households are to fulfil certain social expectations and participate in a given lifestyle.

The notion of the existence of specific thresholds for particular types of households is hotly contested (cf. Piachaud 1981,1987 and Desai 1986) However, Townsend (1987) himself in a study of poverty in London reveals a degree of convergence between subjective and objective measures of poverty:

"People's judgements of the minimum income required to fulfil basic family living standards and meet their minimum social obligations seem to correspond closely with the results obtained by more objective observations of the relationship between income and deprivation."(Townsend 1989).

Townsend and Gordon (1989) speculate that:

"this demonstrates the intriguing possibility that it may be possible to 'objectively' calculate a 'poverty line' for most household types that would



correspond with the judgements of the majority of the population."  
(Townsend and Gordon, 1989, P.54).

This debate is certain to continue. However, of even more importance is the way in which other commentators have sought to unravel the complexities of the operation of social disadvantage.

### **Continuities of Disadvantage**

Blackburn (1991) draws our attention to the fact that poverty and social deprivation represent an *experience*:

"...an experience of 'doing without'- that touches every part of life and family health care." (Blackburn, 1991, P.12).

Moreover, it is an experience characterised by multiple disadvantage and clusters of adversities:

"..financial poverty is associated with, and compounded by, poor access to other resources. Income is a key resource for families. It determines access to a host of other resources for health. Families with low incomes are least able to afford, or have access to, good housing conditions. They have little choice about the type of accommodation they live in, or where they live. Families in poverty are more likely to be living in rented accommodation that is insecure, overcrowded and in poor structural condition than higher income families. Moreover, poor families are likely to live in less hospitable

areas, with poor access to safe play areas, and health, education, and leisure services. Poverty-level incomes do not enable families to buy the foods that are thought to be important for health, or to pay for enough heating to keep homes warm and free from damp and condensation. Families in poverty cannot afford family outings or goods that make life more bearable and are important for mental and physical health. Families on low incomes can often afford only poor-quality equipment and furnishings that are badly designed, wear out or break quickly. For families using credit facilities, goods may wear out or break even before they are paid for. Cheap goods not only lack the quality of more expensive goods, but also frequently fail to meet the same safety standard." (Blackburn,1991,Pp 11-12).

In one of many studies of transmitted deprivation conducted under the auspices of the S.S.R.C and D.H.S.S in the early 1980s, Essen and Wedge (1982) found empirical evidence to support the proposition that socially disadvantaged children tend to experience a cluster of problems.

They discovered that fifteen times as many 16 year olds were multiply disadvantaged as there would be if the three problems included in their definition of disadvantage were randomly distributed. These three problems were poor housing, low income and "atypical" families i.e. large ones or those headed by a lone parent. Children identified as socially disadvantaged at either 11 or 16 experienced many other adverse circumstances in addition to their housing, familial and income difficulties. Fathers might well be off work through sickness and unemployment, or they worked in unskilled, poorly paid jobs. Mothers and fathers were more than usually likely to be chronically ill. More of the children than usual

had been in care. More were likely to be Black children facing the additional problems of prejudice and language difficulties.

Essen and Wedge also found a considerable amount of discontinuity in disadvantage:

"..the children who are identified as disadvantaged at any one age are only a small proportion of all the children who experience multiple disadvantages at some time in their childhood." (Essen and Wedge,1982,P13).

Of all the disadvantaged at 11 and 16 years, one half were disadvantaged only at 11, one quarter only at 16 and the remaining quarter at both ages.

"This means that only a third of the disadvantaged 11 year olds were also disadvantaged at the age of 16, while among those disadvantaged at 16 there were as many identified as disadvantaged for the first time as there were long term disadvantaged, that is at both ages." (ibid. P.163).

On the basis of this evidence, they concluded that the pool of children who spend any part of their childhood in conditions of multiple disadvantage is much larger than seems the case from the relatively small proportion who are identified as disadvantaged at any particular time. And many adversities tend to cluster together:

"..not only round those children identified as multiply disadvantaged at the time but round this larger pool of children. *The problem of social disadvantage is therefore a larger one than is first apparent both in terms of the seriousness of the condition and of the numbers of children involved.*" (Essen and Wedge,1982,P164. My emphasis).



In a recent review of the research Blaxter (1993) confirms this conclusion. She describes how studies of disadvantage based upon longitudinal cohorts show that families continually fall in and out of different categories of disadvantage. Such discontinuities of disadvantage are prominent and frequent.

What are the implications of this for children?

Elizabeth Elmer (1977a, 1977b, 1981) has provided a particularly graphic and powerful account of what it can mean to a child to grow up in poverty. She demonstrates that social deprivation may have harmful effects that may run even deeper than the three strands which will be analysed shortly.

### **"Living Poor"**

The original intention of Elmer's research was to compare the development of matched age groups of abused and non-abused children rather than to describe the lives of poor children.

However, Elmer discovered that:

"Contrary to expectation, almost no differences were found between the groups; the entire sample...showed developmental and social problems and appeared depressed, anxious, and fearful. Since the one characteristic common to most of the children was membership in the lower social classes..., conditions associated with poverty appeared to be as powerful an influence on these children's development as child abuse."  
(Elmer,1981,P.188).

She admits to finding this an unsettling idea because the conventional wisdom has it that parental abuse is the most disastrous event possible in a child's life. However, she observes that whereas child abuse tends to be episodic, punctuated even by periods of relative calm and affection, the conditions associated with "living poor" are monotonously repetitive and frequent with a cumulatively more destructive impact. Elmer makes clear that she does not question the malignant effects of child abuse and neglect:

"what is questioned is the singular intense focus of abuse without regard for the matrix in which it flourishes." (Elmer,1981,P.212).

Elmer's follow-up study of traumatised children was based upon 59 subjects. 17 of these were children who had been abused. 17 had been accidentally traumatised. 25 were non-traumatised children. She looked closely at the physical condition of the children, devoting particular attention to the widespread presence of chronic illness.

Elmer discovered that over 90 per cent of these children from the lower socio-economic classes were subject to some degree of chronic disorder. Marked speech and language deviations were most prominent and often likely to be of a permanent nature. 86 per cent of the children had at least one behavioural and learning problem, indeed illness and behavioural/learning problems were found across the board regardless of the child's classification. Elmer does not believe that her findings confirm the prediction that abused children perform more poorly in the long-term than non-abused children. On follow-up eight years later the groups had become

"virtually indistinguishable on every parameter assessed."

Elmer's study provides further evidence of the links between inequality, poverty and health but it is her descriptions of the children which are most disturbing. She is struck by their aura of depression and their fear of being hurt irrespective of classification. Like Martin and Beezley (1977) who also studied children who had been abused, the children in Elmer's study appeared to be incapable of enjoying themselves or of appreciating the excitement of play or fun. However, while Martin and Beezley only looked at abused children without reference to a control group, Elmer found that these characteristics were present regardless of whether the child had been abused or not. For that reason she argues that these characteristics say more about lower class children in general than abused children in particular.

In role-play stories which were used with the children, Elmer observes that the themes which manifested themselves most often in the children were injury and aggression; death and fright; followed by combinations of abandonment and deprivation. Ideas such as nurturing, sociability and pleasure ranked very low. A sense of being cared for and being part of a group did not seem to be part of their childhood experiences. Elmer cites disorganisation, apathy, violence and persistent stress as other features of the children. Such observations confirm earlier findings by Dohrendwend and Dohrendwend (1974) who concluded that lower class children are caught up in a vicious circle of inadequate stimulation, limited education and poor opportunity leading to apathy and lack of energy.

In accounting for these observations, Elmer is in no doubt that social class is the strongest, single determinant of health, financial security, housing, cognitive development and opportunity. In elaborating upon the impact of poverty on children's lives she draws attention to the effects of deprived, overcrowded and often dangerous housing conditions:



"(Overcrowding) implies a lack of play or study space, the possibility of disturbed sleep, lack of control over personal territory, and exposure to adult sexual behaviour. When too many people are pressed into too small a space, the barrage of noise and activity is likely to result in over-stimulation of the child, who is unable to shut it out or to regulate his intake. And for the older child, lowered school achievement has been linked with overcrowding." (Elmer,1981.P.209).

Elmer argues that the poor child's educational prospects are likely to have been damaged before he or she even gets to school. Having known little else but the apathy and poor motivation which characterises the lives of poor people, the child is then swept into a competitive environment for which he or she is patently ill-equipped.

Like other commentators, Elmer relates the experiences of poor children to their parent's circumstances. The children experience uncertainty and crisis depending upon those circumstances. If the parents are in work this is likely to be menial. Money problems and shortages of essentials will be constant and there will be few opportunities to enjoy treats and luxuries. Parental illness is likely to be frequent and carers will find it hard to plan into the future. Poor families will have little room for manoeuvre and will be especially vulnerable to disasters. Elmer cites the particular difficulties poor parents have in caring for and supporting sick children, and the strain this places on female carers in particular:

"It is not hard to imagine the effects on a child's self esteem when a parent is unable to cope with the humiliations and manifold difficulties of 'living poor'." (Elmer,1981,P.209).

It is in this context that the three strands which link the problems encountered by socially disadvantaged parents need to be considered.

## **2. Social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children.**

The possible significance of socially and economically impoverished neighbourhoods in the aetiology of harm to children and what child abuse and neglect might tell us about particular communities, has given rise to a significant body of literature. Most recently "child maltreatment" has been identified as potentially a particularly sensitive marker of the strength of the social fabric (Melton and Flood 1994). It has been argued that a high rate of child maltreatment may be a signal of "negative social momentum" (Garbarino and Kostelney 1992b), persistent economic decline (Pelton 1992), and community disintegration (Garbarino and Kostelney 1992a, Melton 1992). As such Melton and Flood (1994) argue that careful scrutiny of changes in rates of child abuse and neglect may provide the rudiments of an early warning system in which attention can be focused on neighbourhoods "beginning to show signs of trouble".

Such a perspective therefore provides further support for the argument which will recur throughout this thesis that "population based" strategies are likely to be more effective in preventing harm to children than those that focus exclusively on individual families.

Moreover, Melton and Flood argue that study of the social processes associated with high rates of child maltreatment could illuminate the causes and manifestations of "negative social momentum":

"..it would not be surprising to learn that high prevalence of child maltreatment - violence or abandonment of responsibility for vulnerable dependants within the most basic unit in society - accelerates the spiral of negative momentum fostered by inequality, economic deprivation, and social isolation. *If we are serious about rebuilding our decaying urban neighbourhoods and rural communities, we must learn more about child abuse and neglect, because its prevention and amelioration may be basic to the preservation and restoration of communities.*" (Melton and Flood, 1994, P.2, Their emphasis).

At the heart of this analysis lies an ecological perspective of harm to children expounded most notably by James Garbarino. In exploring this perspective, which has endeavoured to provide a comprehensive framework for explaining harm to children, it becomes possible to see how the existence of socially and economically impoverished neighbourhoods may influence the ability of parents to provide a safe and healthy environment for children.

The ecological perspective emphasises the importance of "place" as a means of complementing psycho-dynamic, social psychological, sociological and cultural explanations of harm to children without necessarily supplanting these. It stresses the importance of social support for healthy human functioning.

The ecological perspective does not see human behaviour as occurring independently of the influences of the surrounding environment. There might be innate or genetic characteristics and developmental processes that may predispose a person to behave in a particular manner, but there is also a relationship between the physical and social environment, individual behaviours and physical and psychological well-being. To influence individual behaviour it is



necessary to make changes in the surrounding physical and social environment (Jackson 1988. See also Hawley 1950, and Bronfenbrenner 1979).

In applying these concepts to child maltreatment, Garbarino argues that a child's environment should be understood as a series of settings, each located within the next broader level: from the micro-environment of the family to the macro-environment of the society. People, he contends, do not really, for the most part, live in countries or states, but mainly in communities and neighbourhoods (Garbarino 1976,1978,1981, Garbarino and Sherman 1980, Garbarino and Gilliam 1980).

He develops his thesis thus:

"Economic factors affect the level of *personal* resources, *and* therefore the *importance* of *social* resources for successful parenthood. Poor people generally have fewer personal resources, and thus their need for social resources is greater if they are to succeed as parents. Rich people generally have more personal resources, and therefore they are less dependent upon social resources. For this reason the importance of the neighbourhood varies as a function of economic resources. Rich people can better 'afford' a weak neighbourhood than can poor people, who must rely much more heavily on the social resources of their ecological niche for support, encouragement and feedback." (Garbarino,1981.P.237 His emphasis).

Moreover:

"As always in human behaviour, the important outcomes (in this case, adequate child care) are the product of interacting factors (in this case, the

personal and social resources of the parent). It is in this sense that an ecological perspective sheds light on child maltreatment. It draws our attention to personally impoverished families clustered in socially impoverished places: high risk families and high risk neighbourhoods." (Garbarino,1981,P.237).

Garbarino acknowledges the problems in defining a "high risk family" but the approach to child abuse and neglect he advocates enabled him in his study to plot cases of reported abuse on a map. He was then able to identify clusters of cases geographically according to neighbourhoods. This allowed Garbarino to draw conclusions about the social and economic character of those neighbourhoods.

In comparing those in which there were high rates of officially reported cases and those with low rates, he found that the first were characterised by low levels of "neighbourly exchange", residential instability and transience, restricted interaction amongst children, deteriorating housing, poor relations with institutions such as schools and a "pervasive pattern of social stress". Garbarino associates these social deficits with economic deficits.

Others have drawn attention to the fact that these neighbourhoods are likely to experience a range of child care problems. There is likely to be a higher incidence of mothers receiving poor prenatal care, and higher rates of low birth weight and infant mortality (Chamberlin 1988). As Bebbington and Miles (1989) observe, coming from a "poor" neighbourhood has an independent effect on the probability of children entering public care. The rate of entry from areas with many poor wards tends to be higher than would be predicted from family related social indicators alone.

Denuded of enduring supportive networks, social isolation appears to be at its most acute in these poor neighbourhoods "where everyone is stressed and few have energy to spare." (Schorr,1988,P.154). Garbarino and Sherman (1980) observed that neighbourhoods with relatively high rates of abuse have fewer people "free from drain" to form such networks because the most urgent priority is to meet one's own needs. There are simply too few personal resources left to develop helping networks and be supportive to neighbours once this has been achieved.

Garbarino (1986) has developed these themes by arguing that in these "high risk" neighbourhoods people feel their own security to be threatened by the neediness of others. This may cause them to be ambivalent if not hostile about "neighbourly exchanges" of goods and services and unable to share because they feel themselves to be vulnerable to exploitation. However, social support networks depend upon mutual exchanges and require that everyone has something to give in return for what they receive:

"People solve personal problems, accomplish tasks, develop social competencies and address collective issues through an ongoing exchange of resources with members of their personal community. This exchange of resources, whether tangible goods like information or money or intangible resources like emotional nurturance can be viewed broadly as social support." (Gottlieb and Todd 1979).

However, where people are heavily in debt to their network and cannot muster resources to exchange (even emotional ones), they may cut themselves off from future transactions or be cut off (Garbarino 1986). Where this is a risk then social agencies may need to "pump in" resources to restart the process for a "bankrupt" member of such a network (ibid.).



Garbarino argues that this is likely to be particularly important from a child protection perspective where the main aim should be to assess the configuration of social forces and personal characteristics at work in particular situations and: "intervene to reinforce or create a configuration in which social support can act to optimise development and prevent dysfunction." (Garbarino,1986,P.36).

However, as already argued in the introduction to this thesis, directing resources at individuals thought to be at risk is not in itself likely to be sufficient. As Giovannoni and Billingsley conclude in relation to their study of child neglect amongst poor families:

"Planning, obtaining, and integrating the services and resources needed by the women in this study go beyond the individual protective service worker and beyond the agency itself. These are community problems requiring community wide action. On the one hand commendation is due to the many adequate though extremely poor mothers. On the negative side, it is not inconceivable that as the stresses of poverty continue to bear upon them, the adequate mothers of today's study may be the neglectful ones of tomorrow. A sound programme of prevention would seem to have as an imperative the availability of supportive child-rearing services for all of these women even those not currently considered problematic." Giovannoni and Billingsley,1970, quoted in Chamberlin,1988,P.11).

Seen in this context, the conclusions reached by Garbarino as a consequence of his original study are particularly pertinent. He argues that "neighbourhood quality" should be a matter of major concern for social planners. Moreover, child advocates should prevent geographic concentration of families with high needs and low resources. A third general aim should be

one of stimulating neighbourhoods so that each family participates in informal support systems; where need matches resources; where good morale exists and positive links are forged between formal and informal helping services, and where consequently "children are enmeshed in a web of caring and protective relationships." (Garbarino,1981,P.259).

Whittaker (1986) suggests that what is needed is a "blending" of formal and informal helping services to provide a framework for intervention across a number of spheres: individuals, families, groups and neighbourhoods. Chamberlin (1988) advocates community-wide strategies based upon the provision of co-ordinated and comprehensive services which aim to prevent children and families who face a range of adversities associated with social deprivation from attaining a "high risk" status. Thus it can be seen that not only does the ecological perspective add another dimension to understanding harm to children. It also provides a basis for tackling the problem.

There is a final, crucial dimension to consider arising from the work of Garbarino. It is important to keep in mind that as part of their study Garbarino and Sherman (1980) looked at neighbourhoods which had similar economic characteristics i.e. they were socially deprived, but very different rates of child abuse. In the neighbourhood with the highest rates of harm to children patterns of "neighbouring" were low and the degree of family stress and disruption relatively high. From this it may be inferred that a further key to understanding why some parents are able to provide a safe and healthy environment for their children while others find this more difficult lies not simply in whether the neighbourhood in which they live is socially deprived but whether the degree of social support available to families is already sufficient to offset at least some of the effects of social disadvantage.

In reality this may vary from neighbourhood to neighbourhood and be influenced by many diverse factors including historical ties and traditions, cultural factors and established patterns of informal/formal helping which may interact to promote a greater degree of social integration, stability and cohesion than may be found in areas where such factors have tended to be absent or have been profoundly undermined by social and economic decay and change. If families are to be assisted to provide a more healthy and safe environment for children than the strategies which are developed have to take account of the diversity and strengths of different neighbourhoods as well as their particular difficulties. In this context, consideration of the racial, cultural and religious composition of local populations is likely to be very important. This means account has also to be taken of the additional stress that people from minority groups are likely to experience. For example racial harassment faced by Black people and their families or bullying of children who have impairments such as a learning difficulty or physical disability.



**3. By creating material, social, interpersonal and intrapersonal barriers in families, social deprivation can prevent parents from achieving the standards of parenting to which they might aspire and which society expects of them.**

In considering how social deprivation creates barriers which may prevent parents from achieving good standards of child care it is helpful to apply perspectives on parenting in poverty developed by Blackburn (1991) and Mayall (1990,1986).

Mayall has examined how low income exerts a major influence on the material and social environment in which parents and children live and the consequences of this for family health. She considers how parents care for their children's health in poverty. In doing so she points out that there is a tendency for those who consider themselves to be "child care experts" to view children's health and attainment as the outcome of factors within the family. Cultural ideas and practices within the home, child care ideologies and parental characteristics are seen as crucial variables. Moreover, the child care practices of manual social classes and minority ethnic families are often seen as being less health enhancing and less in line with professional advice than the practices of other groups. Thus the lower health status and poorer social and educational attainment of children living in poverty is explained in terms of the inappropriate attitudes to health and child care or the deviant behaviour of parents who live in deprived and stressful circumstances (Mayall 1986).

Blackburn (1991) points out that such perspectives are linked to notions of a "culture of poverty" and the "cycle of deprivation" which rest on the assumption that parents bring to the care of their children sets of values and behaviour from their own upbringing. A

deficiency in skills in parenthood and undesirable attitudes lead to family problems which tend to recur in future generations. Thus processes within the family even if maintained by external forces, are seen to be responsible for the perpetuation of poverty and social deprivation.

The analysis presented in this thesis will underline parental history and characteristics as *one* element to be considered in models which view harm to children as a possible outcome of many complex, interacting psychosocial risk factors. However, Blackburn has argued that it is this element which dominates professional interventions. These tend to be based on the assumption that health and welfare work with families should be about persuading parents to take responsibility for their children's health and welfare, and giving them the skills and knowledge to do so. Implicit in this approach is the perception that parents do not necessarily know how to be good parents and need to be taught appropriate parenting skills. The emphasis of health and welfare work is therefore problem orientated and based on interventions that seek to identify deficits in the child care skills and attitudes of parents.

Blackburn goes on to argue that the majority of research studies based on such assumptions have focused on how parents in different social groups differ in their child care practices. As a result such studies have been able to record in many cases significant differences between families. However, citing Mayall (1990,1986), she contends that it is valuable to distinguish between parent's child care *approaches* (their beliefs and attitudes) and their child care practices. Studies that look at child care *practices* will inevitably find differences between social groups. However, when the focus of studies is extended beyond individual behaviour and includes not simply practices but goals and attitudes, then as Blackburn contends, we are likely to find more similarities than differences in outlook across social groups.



Mayall's study of child health, by focusing on parent's child care approaches and what they wish to achieve, found evidence to support the argument that parents seem to be more similar than different in their attitudes to child health care. She suggests that differences in child care practices are more likely to reflect the environments in which parents carry out their child care rather than in their attitudes or goals.

Mayall discovered that all the mothers in her study had high standards of health for their children and there was little difference in their views of what they thought promoted good health. All the mothers emphasised that it was their own care of the child that affected their child's health status. However, while the mothers accepted a personal responsibility for their children's health, they described how material constraints affected their ability to carry out this care.

As Blackburn argues, it is therefore crucial to look behind child care practices themselves to what parents with different household incomes aim to and prefer to do:

"This highlights how child care practices do not necessarily reflect parental attitudes or skill deficits, but how profoundly child health care is affected by a lack of material health resources." (Blackburn, 1991, P.125).

In a study of parents and children living in the inner city, Wilson and Herbert (1978) demonstrate how poverty forces parents into styles of child rearing with which they themselves are not happy, and how they adapt to failure by lowering their expectations. In accounting for why parents might care for children in ways with which they themselves are dissatisfied, Wilson and Herbert postulate an "adaptational model" of society based on that proposed by Gans (1968). This explains the effects of deprivation partly in terms of



adaptations of behaviour and norms which people make in response to stressful circumstances. Hence the behaviour and lifestyle of socially disadvantaged families is viewed as an adaptation to particular situations of deprivation and such adaptations may have a marked impact on children. Indeed, the same researchers argue that the impact of the patterns of parenting on child development which can arise from these circumstances may be severe. For example:

"the scarcity or total absence of toys and equipment suitable for play, and the absence of privacy allowing intensive play prevents the development of creative activities, powers of concentration, manipulative skills, and the re-enactment of experiences in imaginative role play." (ibid.).

These observations mirror those of the Newsons who, in an earlier study, also found that differences in child rearing practices can mainly be accounted for by the constraints which poverty, large families and poor housing imposes upon the patterns of activity of families.(Newson and Newson,1976).

These adaptations can also have serious effects on the long term development of children:

"The very adaptations which are appropriate when conditions are difficult, such as tolerance and acceptance of the limited choices available and of the powerlessness of their position, could prevent families from looking out and grasping new opportunities. The family may retain the values of their better off contemporaries, such as valuing education...but they may be unable to take any steps or make any plans which could help to bring about better chances for their children in the future." (Essen and Wedge,1982,P.170).

Wilson and Herbert describe this strategy for survival as "adaptive retrenchment". Essen and Wedge argue that it could account for why the children in their survey of continuities of disadvantage still experienced delayed development even when no longer disadvantaged. Previous behaviours learnt in order to cope with adversity were hard to change. To this extent the notion of a cycle of deprivation has some validity, but it needs to be seen as a consequence of living in poverty rather than a cause.

Though not referring explicitly to the concept, Blackburn (1991) sheds further light upon this process of "adaptive retrenchment". She highlights how caring for children is a major physical and emotional task, drawing attention to the enormous range of activities which need to be performed by parents. She cites Piachaud (1986) and Graham (1986) who have attempted to develop frameworks for analysing the time spent caring for children. Piachaud has divided child care activities into three areas:-

- basic tasks: activities involving the child such as bathing, feeding, changing, toileting and servicing activities including shopping, cleaning and doing the laundry.
- educational and entertaining tasks.
- Indirect supervisory and on-call activities

Piachaud has calculated that basic child care tasks alone in families with a pre-school child take on average seven hours a day, fifty hours a week. Graham's study identified that mothers spent up to 70 per cent of a fifteen hour day caring for children. Moreover, she argues that child care activities should be taken to include activities that parents perform to maintain themselves in the caring role. For example sitting down and having a cup of coffee or maintaining contact with friends. On this basis Graham found that in families with pre-

school children 80 per cent of the main activities in the carer's day were directly linked to family health. A large proportion of the remaining 20 per cent of activities were also related to family health and included activities that helped to maintain the health of parents.

As Blackburn (1991) has pointed out, the amount of time spent on child care will differ according to the age of the child, the number of children in the household and whether a mother is living with a partner or not. The presence of disabilities in the child will also have bearing on child care activities. However, while children will generally come to master many basic tasks for themselves as they grow older, it is likely that servicing and supervisory responsibilities will continue for many years.

As such, caring for children can reasonably be characterised as heavy and tiring work offering few opportunities for respite (Graham 1986). Moreover, it is a highly routinised but constantly changing activity

"..which requires that children's needs and demands are reconciled with the needs and demands of others, and those of everyday life.." (Blackburn 1991,P.136).

All parents, particularly mothers as chief care-givers, will be faced with these demands and coping with them requires that carers make compromises between competing demands. However, as Blackburn asserts, it is poor families who are likely to experience the greatest and most extensive forms of compromise. She identifies five areas of compromise for low income families:

*(a) Caring for children's health in poverty involves compromising the needs of parents for the sake of the children.*



Living in poverty requires that parents make sacrifices for the sake of their children. Parents will often go without in order that their children may be fed and clothed.

***(b) Caring for children's health may mean compromising one health activity in favour of others.***

"Faced with a tired and irritable child, a mother may decide to put a child to bed, unwashed and without cleaning the child's teeth because, in her eyes, the child's health need for sleep overrides any immediate need to be clean." (Blackburn, 1991, P.138).

***(c) Caring for children's health involves compromising the needs of one child for the needs of other people.***

"Parents have obligations to other people. These obligations may have to take priority over the needs of a particular child or group of children in a household. A parent may have to leave a sick child in the care of another person in order to meet the demands of an employer." (ibid.). Mothers in low income families may feel they have to leave their children to go out to work in order to ensure that the family has an adequate income (ibid.). As Blackburn also points out, this may leave the mother with little option but to leave the child in poor quality day care provision.

***(d) Compromising children's health needs in poverty may be a matter of having no choice.***

***(e) Compromising children's health needs may not be a purposeful choice, but a necessary decision that is taken to maintain peace and harmony in the home.***

Graham (1984) has shown how mothers balance the needs of one child against the needs of others in the family. A mother may for example, reject advice from health and welfare professionals because to follow that advice would be to sacrifice the needs of others.

"The early introduction of solids may pacify a hungry baby who wakes at night and needs frequent feeds. This, in turn, may allow a mother to spend more time meeting the needs of other family members or let others sleep".

(Blackburn, 1991, P.138).

The combination of having to cope on a daily basis with the heavy demands associated with child care, while needing to manage a series of perhaps impossible compromises in order that a family facing severe adversity can survive intact, provides insights into understanding how social deprivation can create a series of material, social, interpersonal and intrapersonal barriers which may prevent parents from achieving the standards of child care to which they might aspire, and fulfilling the expectations of family life which society has articulated (Parton 1985).

As highlighted in this section, in themselves these experiences are likely to have harmful consequences for children. However, set alongside the problems associated with having to raise children in socially and economically impoverished neighbourhoods considered in the previous section and the subsequent accumulation of pressures, these experiences may also contribute to high levels of psychosocial stress in families. This may have particularly serious consequences for some parents and children. It is to the theme of social deprivation as a major contributor to psychosocial stress in families that the discussion now turns.

**4. In interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children.**

"Plenty of people would rather declare an event incredible than follow the sequence of cause and effect, measure the strength of links in a chain, each arising from the one before it and inseverably joined with it, secretly, in the mind." (de Balzac et al, quoted in Brown G, 1988, P.285).

In quoting de Balzac, Brown argues for greater attention to be paid to the importance of casual paths, chains and strands in human development, and it is this perspective which informs the analysis presented in this section.

Accordingly, reflections on key themes in theories of psychosocial risk and development will be set against further discussion of the implications for children and families of living in social disadvantage. This will make it possible to develop propositions about possible interactions between social deprivation, psychosocial stress and harm to children. Thus five main threads will run through this analysis:

- risk prediction based upon the identification of single or even several variables at specific times cannot account for the complexity of casual paths leading to child abuse (Baldwin and Spencer 1993).
- causal relationships need instead to be examined in the form of chains and of linked sequences involving several different and short-term effects (Rutter 1988).



- the numerous chains of events at work are likely to be linked in different ways and in different orders in each individual or family (Blaxter 1993).
- these chains, sequences and relationships need to be understood within the socio-economic context in which they occur, recognising the stress which poverty and deprivation can generate in families and communities.
- the outcomes to which these chains, sequences and relationships will give rise will be influenced by the meanings which individuals attribute to their experiences and actions.

Brown elaborates his position thus:

"The role of causality in human development is indisputable, and yet as we focus on trying to establish how an event at one point in time is linked to another some time later it may begin to seem arbitrary, if not irrelevant. As an alternative to tidy temporal progression, studies have begun to emphasise how human organism and context are embedded in each other and 'because organisms influence the context that influences them, they are products of their own development.' (Lerner,1983,P.279)." (Brown G,1988,P.285).

Rutter (1988) provides further justification for the need to understand these processes of psychosocial development on a longitudinal basis:

"Understanding the biological, psychological and social structures and processes operating in individual life courses is a challenging task for scientific endeavours. Research in this field constitutes a central scientific

concern in its own right. *The societal importance is also obvious, in as much as knowledge about both positive and negative aspects of human development can be used to promote healthy development and prevent harmful development.*" (Rutter,1988,P.ix. My emphasis).

### **"Risk" and "Protective" Factors**

The central concern of the study of psychosocial development is the way in which *risk* and *protective* factors influence outcomes, and how and when these variables operate at different points in the life-span (Kolvin et al, 1988). Moreover, as the interactionist perspective advanced by both Brown and Rutter suggests, a focus on the "person-process-context paradigm" can be helpful in conceptualising adequate strategies for managing risk and protective factors in psychosocial development (Rainer et al, 1988).

Rutter defines "protective factors" as those influences:

"that modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome." (Rutter,1985,P.600).

"Risk" may be considered both in terms of experience and of an individual's reaction to experience. It is

"a dynamic concept varying within individuals according to their circumstances and their reactions to an event will depend on these factors and on their stock of previous experience and of the temperament that they have to contend with experience." (Wadsworth,1988,P.256).

Wadsworth refers to the importance of the individual's "circumstances" as a risk variable. This is a concept which for the purposes of this discussion needs to be clarified. It may reflect assumptions held by those who have considered psychosocial development that are very different to those which underpin my arguments.

"Circumstances" may be viewed in a relatively narrow light - the histories and personal characteristics of individuals only - or it can be taken to also encompass the socio-economic context in which individuals function. A narrow interpretation would reflect the concerns of those who have applied a "family pathology" or "family dysfunction" perspective to the study of harm to children (cf. Browne K, Davies and Stratton 1988; Dale, Davies, Morrison and Waters 1986). However, a central argument advanced in this thesis is that harm to children is a highly complex interactional process. Individual factors are in constant interplay not only with factors in the immediate family environment (e.g. family relationships and internal dynamics) but also factors arising from the socio-economic circumstances of children and parents (e.g. the material resources to which families have access and the quality of the neighbourhoods in which they live). These circumstances will enhance or constrain the opportunities for safe and healthy development available to children and parents.

The term "environment" is equally problematic. Does it refer solely to the immediate circumstances of individuals and families or does it also embrace wider social structural contexts? In this discussion these wider definitions are applied. As such the concepts of psychosocial development are extended into terrain which may be broader than that originally intended by Rutter and others.



## **"Resilience" and "Coping"**

There are other factors to consider in psychosocial development: the interplay of resilience and coping.

"Many potentially adverse life events occur apparently by chance, in the face of an adverse experience the individual degree of vulnerability or invulnerability depend on the nature of coping or reacting."  
(Wadsworth,1988,P.256).

These two factors will be associated with the individual's own attributes and previous experience. Moreover, life experiences will vary considerably in their risk potential.

Rutter argues that throughout life it is normal to meet challenges and overcome difficulties. Coping successfully with stress situations can be strengthening:

"The promotion of resilience does not lie in the avoidance of stress, but rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility." (Rutter,1985,P.608).

Blackburn (1991) takes up this theme in considering possible links between stress and mental ill-health, defined as covering a spectrum of feelings associated with mental distress, from feelings of malaise through to symptoms of mental illness. Stress is an everyday part of life which does not necessarily lead to pathological changes. At low levels it can act as a stimulus to achieve goals and progress and it may improve performance. However, too

much stress or inadequate coping resources appears to be associated with physical and mental ill-health (Craig and Brown 1984, Denman 1986). Eyles and Donovan (1990) found that all respondents in their study identified worry as a significant cause of illness. These themes will be expanded later in this section.

Equally, protection does not lie in the "buffering effect" of some supportive factor which operates at one point in time. The quality of resilience rests in part upon how people deal with life changes and what they do about their situations. This will be influenced by their experiences in early life, childhood and adolescence and by circumstances in adult life:

"None of these is in itself determinate of later outcomes, but in combination they may serve to create a chain of indirect linkages that foster (or deny) escape from adversity." (Rutter, 1985, P.608, my brackets).

And crucially, resistance to stress is relative rather than absolute. The base of resistance is both *environmental* as well as constitutional: the degree of resistance will vary over time and according to circumstance. To take this a step further, the degree of resistance may be influenced by many possible and changing interacting factors amongst which may be personal history and individual characteristics, the practical resources available to the person and their social relationships and support networks. It is in this context that another factor in psychosocial development becomes vital.

### **"Interactive Processes"**

In his study of children facing chronic adversities (e.g. parental discord, mental disorder, overcrowding), Rutter found that no one of these had any effect on psychiatric risk when it

occurred in isolation. However, the psychiatric risk went up sharply when several adversities coexisted (Rutter,1979). He reached similar conclusions in a study of children who experienced repeated hospital admissions and "high psychosocial adversity in their family circumstances". For these children the likelihood of experiencing emotional disturbance was greater than for those children experiencing hospital admissions alone (Quinton and Rutter,1976):

"It was not just that the adverse effects summated but rather that they *potentiated* one another so that the combined effects of the two was greater than the sum of the two considered separately." (Rutter,1981,his emphasis).

The discussion will consider later how this may have major implications for an assessment of the possible interplay between psychosocial risk, social deprivation and harm to children. However, before these dimensions can be brought together it is necessary to consider further the implications of social disadvantage for children and families.

### **Continuities of disadvantage and harm to children**

Kolvin, Miller, Fleeting and Kolvin (1988) have studied the links between juvenile offending and social deprivation. They reached conclusions about the impact of continuities and discontinuities of disadvantage on families which have relevance for this discussion.

Kolvin et al demonstrate how the more deprivations there are coexisting in families, the higher the rate of subsequent offending by boys. However, families who move out of deprivation tend to be characterised by a significant decrease in the rate of offending. By contrast, those who move into deprivation face an equally significant increase in the rate of



offending. Thus movement out of family deprivation seems to give rise to a degree of protection in families while movement into deprivation increases the risk or vulnerability of children and families.

A similar process may operate in relation to harm to children. Where a cluster of adversities, including those generated by social deprivation, are experienced in families then the vulnerability of children to the risk of harm may be heightened. Where those clusters are ameliorated and the continuity of deprivation broken, then families may experience a greater degree of protection which could have the effect of reducing the risk of harm to children. This has implications for the way in which child abuse and neglect is tackled. It suggests that a major objective of service-provision for children and families should be the interruption of continuities of disadvantage which may interact with other factors to heighten the risk of harm to children, and the strengthening of "protective" factors which may exist within families and communities. These implications will be elaborated as this discussion is developed.

However, the real position is likely to be considerably more complex and fluid than this proposition suggests because account needs to be taken of a number of other factors which are likely to interact to exert considerable influence over the degree of risk experienced by children in families. Three of these factors will be considered:-

- the possible long-term effects of social deprivation on children and families
- the personal characteristics and backgrounds of parents
- the balance of psychosocial stress and social support which individuals and families experience

### **a) Possible long-term effects of social deprivation**

Essen and Wedge (1982) found that multiple disadvantage at any age is likely to have long-term damaging consequences for the life-chances of children. They discovered that there appears to be continuing developmental delay in many young people *even if they are no longer disadvantaged*. Thus moving out of social deprivation may not in itself mean that children will no longer experience negative and harmful outcomes. It is possible that the degree of risk may be positively influenced but some risk to children whether it be a damaging developmental outcome or a more direct risk of harm may still remain.

Schorr (1988) attempts to account for this in terms of the operation of "interactive processes" as identified by Rutter (1981,1985). Here the adverse effects of more than one risk factor are seen to "potentiate" each other i.e. their combined effect is likely to be greater than the sum of two or more risk factors considered separately:

"Lasting damage occurs when the elements of a child's environment - at home, at school, in the neighbourhood, multiply each other's destructive effects." (Schorr,1988,P.28).

For Schorr multiple disadvantage is likely to guarantee the persistent presence of a substantial collection of psychosocial risk factors which may have a continuing destructive impact on children and families over time. Schorr identifies these risk factors as premature birth; poor health and nutrition; failure to develop warm, secure and trusting relationships in early life; child abuse; family stress and chaos, and failure to master school skills. There are likely to be many more.

Again the implication is that while some easing of current situational strains may help parents to provide a safer and healthier environment for their children, previous experiences of social deprivation may continue to contribute to varying degrees of risk for different children in different families or even different children in the same family. Intermittent experiences of disadvantage may also have a considerable cumulative impact. Schorr (1988) contends that to offset these risk factors it is necessary for services to children and families to be provided on a continuing basis throughout the child-rearing years and not just in periods of crisis.

Moreover, account needs to be taken of the fact that for many families escape from these clusters of adversities may not be possible at all or might not seem to them to be possible - their experience of poverty is characterised by considerable continuity of disadvantage. This is graphically demonstrated by Coffield in a detailed analysis of the lives of four poor families:

"The overcrowding, unemployment, low wages, poor nutrition, enuresis, depressions and family violence should not be looked upon as discrete areas of deprivation, but as inter-connecting and cumulative forms of inequality. It is this interlocking network of inequalities - the web of deprivation - that was the families' greatest obstacle to coping with society. If they had only one (or perhaps two) major disadvantages with which to cope they might have been able to overcome them, but we see little prospect of (them) tackling the mass of problems which surround them or significantly improving their status." (Coffield et al, 1980 quoted in Essen and Wedge 1982).



For children in such families, with little prospect of interruption to the multiple disadvantage which they encounter, it is conceivable that the risk of damaging outcomes may be the greatest of all. This strikes a chord with the arguments of Pelton outlined in the first chapter. His review of children referred to social agencies in the U.S for child abuse and neglect led him to conclude that:

"the abusing and neglecting families are the poorest of the poor."  
(Pelton,1981,P.28).

#### **b) Personal characteristics and backgrounds of parents**

The evidence points strongly to the continuing destructive impact of poverty and social deprivation on children and families. However, a second factor influencing the risk of harm to children is likely to be the personal strengths and limitations of parents in coping with adversity. Though not investigated in the study on which this thesis draws, this is likely to be an important element in any model which seeks to account for links between social deprivation and harm to children.

Rutter (1985) has argued that a person's ability to act positively and to resist adversity is a function of their self-esteem, feelings of self-efficacy and problem-solving skills. Their ability to develop a positive "cognitive set" which assists them to mobilise coping strategies and adaptive behaviours is likely to be influenced by features as varied as secure and stable affectional relationships; success and achievement; their ability to appraise experiences, attach meaning to them and integrate them into their stock of experience; and the interaction over time of personal qualities in response to others.

Whether or not these features have a strengthening effect which serves to promote resilience will be influenced by complex chains of events and linked sequences involving several different and short term effects (Rutter 1988). These numerous chains of events are likely to be linked in different ways and in different orders in different individuals and families (Blaxter 1993). Moving in and out of social deprivation, experiencing disadvantage intermittently or remaining in disadvantage indefinitely will be one aspect of these chains and sequences.

What might be the consequences for individuals of these factors as they interact with the experience of living in social deprivation?

Indications of this are to be found in the theory of locus of control postulated by Fisher (1984) which explores the mechanisms by which stress may influence mental health. This theory has strong parallels with the theories of psychosocial development which have underpinned the discussion so far. Fisher postulates that someone who feels in control of events may be able to cope more effectively with stress than a person who does not feel in control. The importance of a positive "cognitive set" is that it is likely to help equip the person with this sense of control. However, Fisher suggests that social and economic deprivation may weaken a person's belief that they can exercise control. Moreover, the frequent experience of reduced control may compound feelings that control is rarely possible in life and increase the sense of pessimism about one's ability to solve problems. As Rutter observes:

"What is characteristic of so many people who experience chronic stress and adversity is that they feel helpless and unable to do anything about their life situation." (Rutter,1985,P.607).

These feelings may manifest themselves in problems of physical and mental ill-health, alcohol and substance abuse. They may also increase the potential for violent reactions in situations of stress. For parents this may involve the weakening of psychological mechanisms for self control and contribute to the discharge of aggressive and destructive impulses towards children (Gil 1970). Again, these are themes which will be expanded significantly later in this section when "process" issues are considered in greater depth.

However, there are likely to be many reasons why some adults react in cruel and even brutal ways towards children and it is necessary to stress again that this analysis only identifies one set of linkages which may help to account for this.

Moreover, despite the psychologically debilitating effects to which social deprivation can give rise, even commentators who have stressed possible links between social deprivation and harm to children have acknowledged that relatively few poor people appear to physically injure and neglect their children (cf. Pelton 1981). In seeking to account for this dimension - namely why it is that only some parents succumb while many, despite appalling adversity, do not (at least in terms of causing harm to their children) - consideration needs to be given to the way in which the personal attributes of parents may interact with a third set of mediating factors to influence the risk of harm to children.

### **c) Balancing psychosocial stress and social support in families**

In two studies, Rutter found that even in the face of the most severe stress and adversity people generally demonstrate substantial resilience. For example the risk of depression following disturbing life events might well be increased but most people do not become depressed in spite of their stressful experiences (Rutter 1979). One reason why this is so



could lie not just in the strength or otherwise of the "cognitive set" each person is able to bring to bear but also in the interplay of "vulnerability factors", "provoking agents" (Brown, G and Harris 1978) and "buffering influences" (Rutter 1985) they may experience in their situations. Put another way, the operation of factors and agents that on the one hand may increase a person's susceptibility to stressors and on the other influences such as social support that may perform a protective function. Recognising this interplay adds a further dimension to understanding how a person's "cognitive set" and personal attributes may develop over time and in response to a succession of events and linked sequences.

In their general theory of depression developed from studies of women experiencing depression, Brown and Harris speculate about the importance of generalised hopelessness in response to any crisis. They contend that the presence of a "vulnerability factor" such as the lack of a close confiding relationship, the presence of young children, social isolation, lack of self esteem and feelings of lack of control, serves to increase the probability of such a response (Brown and Harris 1978,1987). However, while low self-esteem might continue throughout a person's lifespan and be associated with a lack of care in early life, it is likely to lead to depressive reactions only where a "provoking agent" comes into play.

Brown and Harris found that the key provoking agents for depression in women were not just any life-events but those that signified long-term social loss or threat. Changes to routine or social contacts or short-term threats rarely in themselves caused depression unless they served to emphasise the implications of some major loss or disappointment. On the other hand, separation or threat of separation from a key figure through death or serious illness, major material loss, loss of employment or a failure to attain major personal goals were all associated with an increased risk of depression.

Brown and Harris identified a major social class component in these experiences. Rates of depression were significantly higher amongst working class women with children than amongst comparable middle class women. Working class women with children at home had a four times greater risk of developing depression. There was no class difference in the risk of depression among women without children. The highest rate of depression was found among women with a child under 6 years of age at home. This led Brown and Harris to ask: "What is it about the lives of working class women with children that increases their risk of depression?"

In their study they found that a significant number of working class women lived in adverse social conditions. They tended to suffer more severe life events and difficulties involving social loss than middle class women. In noting that with the exception of losing one's mother before the age of 11 years the vulnerability factors identified by Brown and Harris are all linked to the women's socio-economic position, Blackburn (1991) accounts for these experiences in terms of living on low income. Low income is likely to determine social-class experience:

"Material loss and social loss have greater implications for low-income families than higher-income families, particularly women in low income families." (Blackburn, 1991,P.111).

This is because women bear the brunt of poverty. They are the "gatekeepers" of family health and as chief care-givers frequently experience the worry and stress of budgeting to make ends meet and managing debts. They therefore feel most acutely the lack of cushion against social loss which higher income and good living conditions can provide (ibid.).

Blackburn argues that this greater degree of adversity and higher risk of severe life events explains partly, though not wholly, why there is a higher risk of depression and mental illness in low income groups, particularly women.

However, the interplay of vulnerability factors and provoking agents is also likely to be influenced by the degree of social support experienced by parents, a theme already considered in this chapter in relation to the first of the three strands, particularly mothers as chief care-givers. Research suggests that people who experience low levels of social integration have poorer mental health than those who are highly socially integrated (Blaxter 1990, Brown and Harris 1978). Positive relationships with partners, relatives, friends and neighbours seem to have a protective effect against stressful life events. They seem to enhance feelings of self esteem and self efficacy and offer the prospect of a strengthened basis of emotional and practical support.

Blackburn (1991) has identified a number of influences in determining the levels and type of social support people receive, two of which are described below.

Firstly, social integration and support from family and friends appears to be strongly class related. Willmot (1987) has suggested that social class differences in patterns of social support are a consequence of differences in access to material resources and social class tradition. In a study of friendship and social support networks he found that on every index applied social status and affluence were associated with larger social networks. Material resources influenced whether families could afford to entertain and meet with friends and relatives, and whether they had housing conditions which enabled them to receive other people easily. Car ownership affected peoples' ability to mix as did having sufficient money to make use of public transport and a telephone. Social class tradition also played a part in



influencing the styles of friendship and support which Willmot observed. He concluded from his study that middle class people tend to have larger networks of friends than working class people, but working class people make up for fewer friends by seeing them more often.

Secondly, families and individuals have different levels of social integration and support at different life-stages. According to Willmot, families with dependent children are likely to have high social support needs. Social support can help to reduce the effects of stress that accompany child-rearing (Blackburn 1991). Friends offer practical help, act as confidantes, provide social contacts and the sense of empathy that comes from shared experiences (ibid.). However, low income families may find themselves housed away from their social support networks, having little choice about where they live (ibid.). Housing design, particularly multi-storey blocks may work against socialisation and contact with neighbours (ibid.). Townsend (1979) has highlighted the notion of "environmental poverty" where low income families tend to be housed in areas where there are few community resources which facilitate contact between people and so promote social support networks.

In a review of U.S research Schorr (1988) emphasises these trends. Supporting the arguments developed by James Garbarino, she points out that the informal supports from family, friends, institutions and services that "buffer" risk factors are less likely to be available for the poorest families. Thus as children in these families grow up they are less likely than children from more affluent homes to be protected against the effects of these factors. Yet as Schorr goes on to argue, all families, particularly those beset by multiple stress, in rearing children need this support to enable them to mobilise coping strategies and adaptive behaviours.

However, it should not be assumed that social support will always be perceived by families as "a good thing". Blackburn cites a study by McKee (1987) of how families with children manage during unemployment. This study reveals that acts of support and material assistance can give rise to feelings of conflict and resentment:

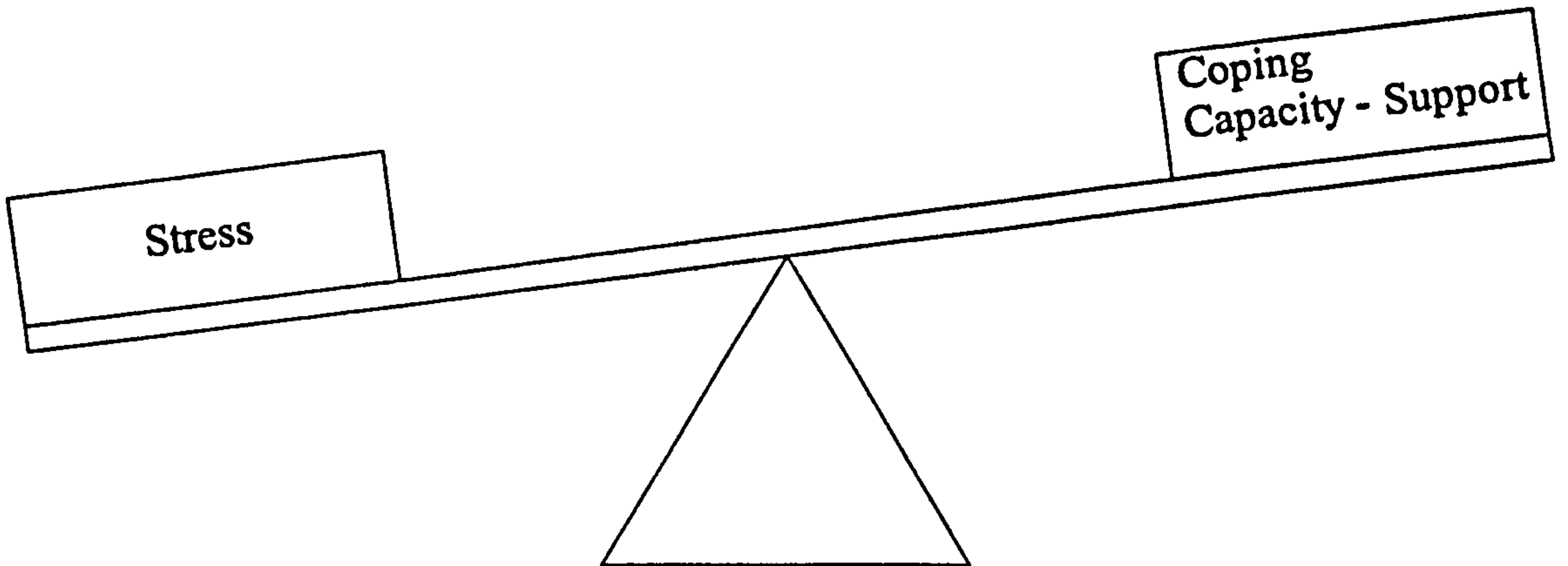
"Whilst it is commonly accepted that help is offered and received at times of natural disasters and major transitions, such as the birth of a child, or bereavement, the rules governing help in times of unemployment or unremitting poverty are much more muddled." (Blackburn,1991,P.115).

However, is it possible to be more precise about the influence which vulnerability factors, provoking agents and social support which have been seen to be strongly related to social deprivation, may have in interaction with other mediating factors, upon the risk of harm to children?

Chamberlin (1988) argues that for children and families, the ability to provide a healthy environment is strongly related to their ability to cope with the *balance* between on the one hand stress, and on the other their coping capacities and the social support on which they can draw. Parental perceptions of their own success in dealing with adversity are also likely to be important influences in managing this balance.

Where stressors accumulate to outweigh protective factors in a family's circumstances (and the tendency for risk factors to cluster and multiply each others destructive effects has been a feature of the discussion in this chapter) then this balance may tip towards a negative outcome for children. Belsky (1984) has presented this conception diagrammatically (Figure 1).

**Figure 1. Belsky's Balance of Stress and Support**



Thus harm to children may be seen as a possible outcome of the problems faced by some individuals and families (problems which are likely to be strongly linked to social deprivation) in maintaining an equilibrium between stress, coping and support in their life circumstances.

The complexities of these processes are not to be underestimated. The mix of interrelated variables that come into play over time - movements in and out of social disadvantage; psychological resources of parents; the interplay of vulnerability factors, provoking agents, social support and subsequent developmental outcomes; and even the characteristics and behaviour of children - is likely to make it very difficult to predict which individuals and families will "tip over" into producing a harmful outcome for their children and which will not.

Yet whilst fully recognising these complexities, I want to argue that it is possible to move beyond these general principles and concepts to develop a more detailed account of how



these processes may operate. The key to this is to consider in more depth a term which has already appeared many times in this analysis but which has yet to be adequately defined - stress. In defining this I shall lay the basis for a "cognitive-social constructionist" model which builds upon the perspectives already discussed to provide a deeper account of links between social deprivation, psychosocial stress and harm to children and the processes that may characterise those links.

## **Psychosocial stress**

That a full definition of psychosocial stress has yet to appear in this discussion is a reflection of the difficulties researchers have encountered in pinpointing exactly what is meant by "stress". There does not appear to be any agreed definition even though it is a concept familiar to most people. It is hard to find any adequate definition in the literature on psychosocial development.

Part of the reason for this may be because, as Cox (1978) has argued, there is a

"glut of interrelated and synonymous terminology in existence covering the area of stress research." (Cox 1978,P.25). The term stress has all but pre-empted a field of research previously shared by a number of other concepts: anxiety, conflict, frustration: "It is as though when the word stress came into vogue many researchers working with closely related concepts substituted the word stress for them." This has resulted in "a grand alliance and confusion of terminologies." (ibid.).

However, Seyle (1974) has defined stress as "the non-specific response of the body to any demand made upon it." By this definition stress is seen as the person or animal's response to the demands of the environment and the primary concern is the *physiological* response or condition of the organism rather than their mental or emotional state. The arousal which human bodies experience as an automatic response to any challenge is what we call stress and a stressor is the environmental demand or challenge which evokes this automatic stress response (Delunas 1988). Seyle has described a process by which prolonged and unabated stress can lead to exhaustion, disease and eventually death. His "General Adaptation Syndrome" has three stages:

- (I) The *alarm* reaction as the body first activates the "fight" or "flight" response and all of its resources are mobilised to deal with the perceived stressor.
- (II) The *resistance* stage where the body continues to respond as it did during the first stage but its resources for fighting off disease and infection are slowly being depleted. Following continuous, unabated exposure to the same stressor the body is eventually worn out and resistance becomes very poor.
- (III) During the *exhaustion* stage the body no longer has the strength or resources to defend against diseases. Death may follow as the body's immune system is weakened.

Cox (1978) has characterised Seyle's interpretation of stress as a "response-based" definition where stress is treated as the dependent variable. It is the person's response to a stressor agent. However, there are other definitional models.

"Stimulus-based" definitions view stress in terms of the stimulus characteristics of environments that are recognised as disturbing or disruptive in some way. External stresses give rise to a stress reaction or strain within the individual. "This approach usually treats stress as an independent variable for study and demands consideration of what stimuli are diagnostic of stress." (Cox, 1978, P.13).

The third definitional model to which Cox draws attention is an interactional definition that views stress as the reflection of a "lack of fit" between the person and their environment. "In this form stress is studied in terms of its antecedent factors and its effects. It is seen as an intervening variable between stimulus and response". (ibid. Pp3-4). It is this definition which squares most easily with the preceding discussion. Cox and Mackay (1976) have used it to develop the argument that stress is most adequately described as part of a complex, dynamic system of transaction between the person and their environment, environment being taken to refer to the person's physical and psychosocial worlds.

The crucial feature of this transactional, ecological interpretation of stress is its emphasis on stress as an individual perceptual phenomenon rooted in psychological process (Cox 1978). In this model stress may be said to arise where there is an imbalance between the perceived demand on the person and the person's perception of their capacity to meet the demand:

"It is essential to realise that the important balance or imbalance is not between demand and actual capability, but between perceived demand and perceived capability. What is important for man (sic) is his (sic) *cognitive appraisal* of the potentially stressful situation and his ability to cope". (ibid. p.18 His emphasis).



On this basis Cox argues:

"Stress can only be sensibly defined as a perceptual phenomenon arising from a comparison between the demand on the person and his (sic) ability to cope. An imbalance in this mechanism, when coping is important, gives rise to the experience of stress, and to a stress response. The latter represents attempts at coping with the source of stress. Coping is both psychological (involving cognitive and behavioural strategies) and physiological. If normal coping is ineffective, stress is prolonged and abnormal responses may occur. The occurrence of these, and prolonged exposure to stress per se, may give rise to functional and structural damage. The progress of these events is subject to great individual variation." (Cox,1978,P.25).

To put this another way, it is the individual's attribution of "meaning" to events or situations, a point touched upon briefly in discussion of psychosocial development, which emerges as a key factor in shaping responses to stress. The person's appraisal of situations or events and their estimate of the degree to which they feel capable of meeting a particular challenge will influence whether a situation or event evokes a "positive" or "negative" stress response. Positive in the sense of the event or situation acting as a spur to enhanced performance, negative in the sense of this having a debilitating and damaging effect on the individual (Delunas 1988, Farber 1983).

Linking again with the earlier discussion, in making this estimate of capability an individual will call upon previous experiences and their beliefs about themselves and the world (Woolfolk and Richardson 1978). How they therefore perceive and interpret the event or situation and what they feel about themselves are likely to be as significant as the event or

situation itself in influencing whether it is experienced as a negative stressor and whether the person is able to mobilise coping strategies and adaptive behaviours.

This moves us firmly into the territory of "social constructionism" as an explanatory framework which complements insights provided by concepts associated with psychosocial development. Social constructionism (cf. Bluner 1990, Gergen 1982, 1985), like interactionist or "humanistic" sociological perspectives (cf. Plummer 1983), places the importance of understanding how individuals construct social realities at the centre of the study of human behaviour. The implication is that it is not enough to view human development and behavioural outcomes in terms of chains and linked sequences involving several different and short term effects. Emphasis needs to be attached to the significance that different individuals attribute to life-events and the "rules" that people bring to bear in creating meanings in cultural contexts.

Moreover, there needs to be an acknowledgement that these meanings are constantly being negotiated and renegotiated as individuals re-evaluate the past and present and conceive of other ways of being, acting and striving (Bluner 1990). This capacity for "reflexivity" and "envisioning alternatives" (Gergen 1982) means that the "Self" itself - the stock of the person's experiences and social relationships, their self-esteem and self-concept - is possibly engaged in a continuous process of construction. Like stress itself, the Self is a "transactional entity" (Bluner 1990) whose consciousness, position and identity is defined with respect to other people. It is the product of the situations in which it operates and "the swarm of its participants." (ibid.).

However, these perspectives raise a problem. If individual interpretations and meanings are as key an influence in shaping responses to events and situations as the events and situations

themselves, then is it not necessary to reassess the weight that is to be attached to social deprivation in contributing to psychosocial stress and in influencing processes leading to harm to children? Might it not be argued that since stress is to some extent "in the mind" then the problems people experience are rooted in individual pathology after all?

No such reassessment is necessary. Instead what needs to be emphasised is that parenting in social disadvantage has an extraordinary potential to be perceived and felt by those who experience it as extremely stressful. Throughout this discussion it has been argued that parenting in social deprivation is an experience characterised by chronic, multiple disadvantage and clusters of adversities that contribute to a range of psychosocial risk factors in families and communities. Poverty touches all aspects of family life and it has profound physical and psychological consequences for those who experience it. The stress factors to which it gives rise are likely to potentiate each other's effects and have a powerful adverse cumulative effect that not even an easing of current situational stress, such as movement out of social deprivation, may alleviate.

This is a phenomenon therefore, that may have a uniquely powerful ability to undermine the sense of control that an individual has over their circumstances and which is therefore of a qualitatively different order to many other events and situations encountered by them. When the experience of social deprivation overlays other events associated with loss and change, then stress may be experienced and perceived by individuals as intolerable and give rise to the functional and structural damage which Cox (1978) and Seyle (1974) have described.

In this regard account has also to be taken of the impact of societal expectations on parents. "Meanings" are attributed by individuals in a context where dominant ideologies of family life and the care of children clearly define both the individual responsibilities of parents and



the consequences of their being seen to "fail" to meet the needs of their children. All parents, to some extent at least, are likely to assess their own abilities and aspirations for their children within this ideological framework of clearly articulated expectations or "ruling ideas" (Hall 1988) about what "good" parents should provide. The psychological consequences of self-perceptions that see oneself as falling short of these expectations, often because one is simply unable to provide the same things for one's children as more affluent parents, may compound the damaging effects of stress and the sense that one's life is spinning out of control.

Many of these arguments have already been rehearsed in discussion of "vulnerability factors", "provoking agents" and maintaining a balance between stress and support in families. However, a deeper appreciation of the particularly stressful nature of social deprivation may help us to better understand its severe negative effects on the perceptions which poor people are likely to have of themselves and their circumstances, and how the meanings that they ascribe to their experiences and actions can undermine their self-image to a degree which may pose real dangers to the health and safety of children. In order to develop this argument it is helpful to consider the concept of "Learned Helplessness Syndrome".

### **"Learned Helplessness" and harm to children.**

Barbar (1986) in an appraisal of learned helplessness theory and its applications to social work practice, has argued that its value lies in its articulation of a psychology of powerlessness. Learned helplessness theory provides an insight into the world of the poor and the oppressed: people who are regularly confronted by events beyond their control. For powerless people, such as those living in social deprivation, choice is limited and control

over "valued outcomes" resides with someone else. This theory, which resonates with Fisher's "locus of control" explored earlier, is therefore valuable not only for its analysis of the processes by which oppression may be internalised but in the way it frames this analysis in terms of interactions between the individual and their social environment. It also fits with accounts of depression and its possible links with social deprivation which were also explored earlier.

The term "learned helplessness" was first used by Martin Seligman (1975) to describe the behaviour of dogs in a series of fear conditioning experiments. The dogs were placed in cages and subjected to irregular electric shocks. In the original experiments after a brief period of trying to escape the dogs gave up any attempt to get out of the cage even when the door was opened. They had to be dragged out by the experimenters.

Seligman then observed human beings and developed the theory that if people are put into situations that they perceive as inescapable then their motivation becomes sapped and their desire to initiate action, solve problems and surmount difficulties diminishes. They feel themselves to be powerless and lacking any control of the situation. An expectation or belief develops that responding and outcome are independent and this effect is characterised by its capacity to generalise beyond the situation in which it originally developed. Thus learned helplessness entails three deficits which Barbar (1986) has summarised:-

- (a) a *motivational* deficit where the ability to initiate voluntary responses is absent;
- (b) a *cognitive* deficit which concerns the difficulty the person has in learning to associate responses and outcomes in the future;

(c) an *affective* deficit when the uncontrollable outcome is also aversive.

The final deficit is important. Seligman (1975,1978) has observed that an organism's first reaction to inescapable trauma is fear. Fear is the motivation which propels the organism into seeking to overcome trauma. However, once the "uncontrollability" is perceived fear ceases to be functional. It gives way to resignation and despair.

Seligman has identified a similarity between these deficits and symptoms of depression. Taking up this theme, Barbar (1986) observes that as a result learned helplessness theory now proposes that the expectation that outcomes are independent of responses is a common mechanism underlying both conditions: "Thus both learned helplessness and depression are said to have their roots in the belief that valued outcomes are uncontrollable." (Barbar,1986,P.560).

Barbar also develops the point that possibly the most outwardly visible feature of learned helplessness is the motivational deficit which renders the person passive. There seems to be an unwillingness to initiate voluntary responses aimed at gaining or regaining control in one or more situations. This tendency for helpless individuals to appear to abdicate responsibility for themselves and allow others to act on their behalf should not be interpreted as laziness or as devious attempts to manipulate others, as such behaviour may easily be labelled, but as "the legacy of powerlessness" (Barbar,1986,P.560) - a manifestation of the processes by which oppression becomes internalised and acted out.

Applying this theory to an understanding of the possible effects of psychosocial stress, it can be argued that some parents facing the chronically debilitating effects of exposure to social



deprivation may succumb to learned helplessness as they perceive their efforts to "keep their heads above water" as unsuccessful: "Nothing I do seems to help", "Things are getting worse", "I'm losing control of things", "All my life is a mess". In these circumstances the sense of resignation, despair and frustration to which such attributions of meaning may give rise could spell dangers for children. Combinations of these feelings and cognitions could manifest themselves behaviourally in parental indifference or neglect towards the needs of children and/or in violent reactions towards them, triggered at times of extreme personal and familial stress. A cycle of escalating and cumulative harm may be enacted as parents find themselves locked into resignation and despair, and experience a continuous undermining of their sense of self-efficacy.

This last point is important for as Barbar observes, findings from Seligman's studies indicate that people who have become motivationally passive in the face of life events are likely to find it difficult to demonstrate adaptive behaviours again. They are likely to need coaxing into action time and time again "before the correct response is learned and control is expected again in future." (Barbar,1986,P.562-3). In other words, unless the cognitive expectation that events and situations are uncontrollable can be challenged, and this may be heavily conditional upon the degree and quality of social support available to parents, then the potential for harm to children may remain significant. It is worth pointing out that this has parallels with the arguments of Essen and Wedge (1982) already described in this chapter which emphasise the wearing effects of social deprivation and the likely persistence of these effects even if family circumstances improve. Learned helplessness theory also sheds further light on the processes of "adaptive retrenchment" described in section 3, which may characterise the experience of parenting in poverty (Wilson and Herbert 1978).

There are other ways in which these problems may be perpetuated and even amplified. The external attributions assigned to socially disadvantaged parents and the neighbourhoods in which they live by the wider society may have a powerful stigmatising effect on them, confirming their sense of resignation and despair. These processes may be better understood by bringing to bear theories of social labelling which have already been referred to in Chapter 1.

### **Processes of social labelling**

Bilton, Bonnet, Jones, Stanworth, Sheard and Webster (1987) have usefully summarised these processes and their possible effects on the self-image of individuals.

The major implication of the labelling process rests on the assumption that the application of a "deviant" label, which is how social deprived parents living in "rough" neighbourhoods may come to be seen by the wider public and social agencies, has important effects on how people may come to regard themselves and on the subsequent patterns of interactions between them and others. This is because the ascription of deviant status means that individual actors and the social group around them must accommodate themselves to a "spoiled identity".

This has important consequences for the individual's further social participation and self-image. A process of stigmatisation occurs where one's public identity is re-evaluated as one is labelled as a certain "kind" of person. A new status is accorded and the possibility of retaining "normal" identity is made increasingly difficult. The fact that the label *oversimplifies* what the deviant "is" through its *stereotyping* and *"essentialising"* effect intensifies this process. The label is not simply attached to the person's behaviour but their

whole being so that he or she is seen as nothing but a deviant. Thus a "master status" takes over any other conception others may have of the person or that which he or she may wish to project:

"What deviants (occasionally) do becomes transformed into what they are: their whole identity and existence becomes questionable. But the re-ordering of present identity is not the only issue at stake - past behaviour may also come to be seen in a new (and inevitably negative) light, so that perfectly harmless behaviour is reinterpreted as having reflected sinister and deviant motivations. Similarly, *future* conduct is predicted as likely to be shaped by the present deviant identity - 'he won't change, they never do..'" (Bilton, Bonnett et al 1987).

Further interaction now occurs within the context of the deviant label. Resisting the consequences of this label becomes difficult because it may not be possible to convince others that a continuing application of the label is not justified. Sustaining a different image in the eyes of others and oneself is undermined by the force of the deviant definitions which are being imposed. Moreover, the deviant's good intentions of behaving "normally" may be damaged by the responses of others, particularly if the social support which may help them to engage in behaviour that enables them to resist the deviant label is denied them.

The criticism which may be levelled at such a perspective is that it oversimplifies the labelling process and minimises the role of "deviants" themselves in the defining process (Taylor, Walton and Young 1973). As argued throughout this discussion, individuals have the potential to assign a range of meanings to their situations and their own behaviour so they are by no means entirely passive or powerless victims of labels about which they can do

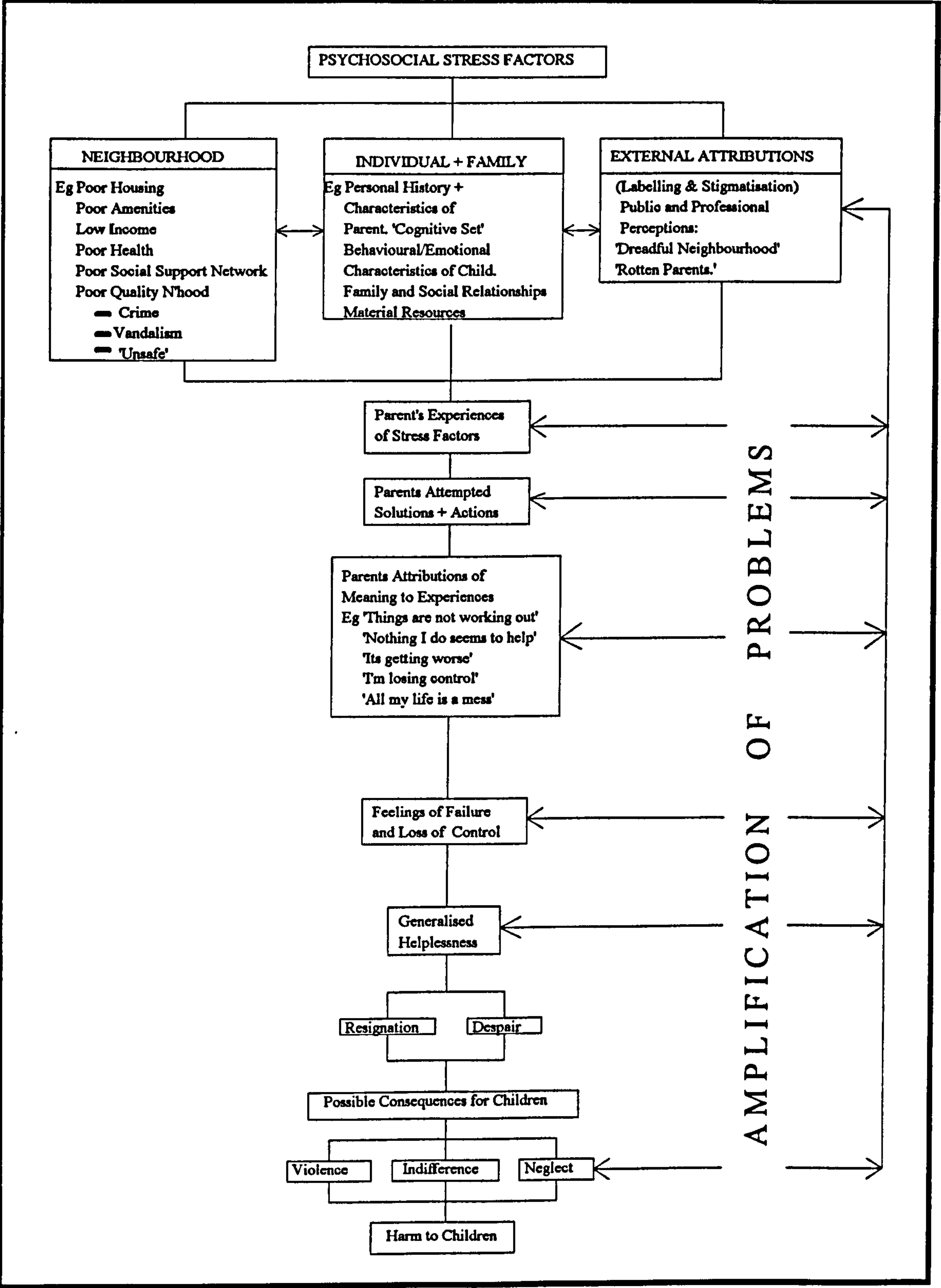


nothing. Moreover, some people may resist or "fight-back" against the label assigned to them (Rogers and Buffalo 1974). Nevertheless, for socially disadvantaged parents, the stigmatising effect of public perceptions which view the areas in which they live as "dreadful neighbourhoods" full of "rotten parents" may easily compound their sense of resignation and despair. This is likely to be heightened by the sense that one is failing to meet the expectations which society has of "good" parents - the ideological dimension already referred to in this section. This demoralisation may have continuing implications for the quality of care parents feel able to offer their children.

## **5. A Cognitive-Social Constructionist Process Model.**

It is now possible to pull together these strands and arguments to indicate more precisely a process or sequence by which social deprivation may in some situations contribute to harm against children perpetrated by their parents. Reflecting the sources on which this analysis has drawn, this may be characterised as a "cognitive-social constructionist" model and it is described diagrammatically in Figure 2.

Figure 2. Cognitive - Social Constructionist Model of Harm to Children.





In this model psychosocial stress is defined according to three categories which as sources of stress are likely to link together and interact upon one another:

(I) *The Neighbourhoods* in which socially disadvantaged families live where they are likely to encounter a range of adversities and hindrances such as poor housing, poor social amenities and a generally poor quality social environment characterised by high levels of crime, vandalism, a prevailing sense of "unsafeness" and a range of other social problems. These families are likely to have low incomes, feel themselves to be poorly supported - social support networks may well be inadequate - and they may also experience poor health. These adversities and hindrances are likely to prevent parents from achieving the standards of parenting to which they might aspire.

(II) *Individual and family factors* such as the personal history and characteristics of parents; the "cognitive set" they have developed in response to life-events (i.e. the outcomes of chains and linked sequences involving several different short term effects); the behavioural and emotional characteristics of children, and family relationships. The material resources and social supports available to individuals and families will also be important factors. There are likely to be many more such factors that have the potential to contribute to stress.

(III) *External attributions*: negative public and professional perceptions of the neighbourhood and its inhabitants: "This is a dreadful neighbourhood, full of inadequate parents and problem families". Here,

stress arises from the sense of stigmatisation to which such labels give rise in individuals and communities and the reinforcement of negative self perceptions to which such "feed-back" contributes. It is also linked to the influence of "ruling ideas" about what constitutes "good parenting" and how individuals are likely to perceive themselves if they feel they are seen as failing to meet these socially constructed expectations.

In response to their experiences of these psychosocial stress factors parents are likely to try and take action to alleviate stress by attempting to find solutions to the problems they face. On the basis of these actions and the degree of success which they yield or are perceived as yielding, parents will continue to attribute meaning to their actions and experiences. If these actions are felt to be ineffective and unsuccessful or parents feel that the demands being made upon them are simply beyond their capacity to manage, then over time this may lead to feelings of failure and a perception that control over one's life is being lost. The cumulative effect of such feelings and cognitions may be a more generalised sense of helplessness. This in turn may lead to resignation and despair on the part of the parent. In the absence of any alleviation of these feelings and perceptions, such as for example might be provided by access to relatively strong social support systems, and a corresponding escalation of the problems faced by parents, then this resignation and despair could manifest itself behaviourally in indifferent and/or violent responses towards children.

However, it is important to stress the systemic nature of this model which is most usefully seen as a dynamic, cybernetic system where positive or negative feed-back to the individual will influence whether it is possible to break free from this cycle of despair and possible harm to children.

At various points in this process there is the risk that the negative feelings and cognitions experienced by socially disadvantaged parents may be amplified by the attributions which are attached to their experiences, actions and coping capacities by the surrounding society. The perception that one's efforts to manage the problems posed by a socially deprived environment are proving unsuccessful or that solutions are simply beyond one's reach or that those efforts may even be felt to be making things worse may be accompanied by the perception that a wider audience views these parents and their neighbourhood as "no good". The sense of stigmatisation which flows from being labelled as not being able to cope and as bad, inadequate parents may act to compound the feelings of failure, loss of control and generalised helplessness already felt by parents struggling against the odds to care adequately for their children.

Parton (1985) and Wilson and Herbert (1978) have conveyed how this might feel to these parents and the possible consequences for them and their families.

"..social and economic stress, which is directly related to the structure of inequality, has direct consequences for the well-being of children in poor families. People feel their poverty more when it affects their children and they are invariably more humiliated by their failures when they affect their children. *Such problems are reinforced by the fact that society has articulated expectations of family life, and performance in child care is closely monitored. Poor parents are very aware of this.*"  
(Parton,1985,P.172. My emphasis).



**This:**

**"..may result in feelings of failure, total loss of self respect, or even paranoid feelings of persecution, and these states of mind in turn may lead to a loss of motivation, suicidal actions or aggressiveness and homicidal tendencies. When family failure eventually leads to contact with the Social Services it is not surprising that in many cases personality attributes are seen as the main 'causative' factors." (Wilson and Herbert,1978,P.183).**

**Again, this model points to the importance of interventive strategies which have as their primary focus the needs of vulnerable populations of children and families rather than attempting exclusively to identify individual families where harm to children might be occurring. Within populations of socially disadvantaged families there may be any number of parents who could succumb to the processes described here and eventually present with their children to the social services as a "high risk" case. The challenge to social welfare agencies is therefore to prevent families from reaching this point for as Chamberlin (1988) has observed, once a family has moved from the "medium risk" status that is likely to characterise most of those families living in areas characterised by high exposure to psychosocial stress factors, into a "high risk" status then it becomes much more difficult to retrieve the situation. On this basis Chamberlin argues for movement beyond the confines of "individual risk assessment" towards "community-wide approaches" which aim to promote child health and welfare in areas of high social need through the provision of comprehensive and co-ordinated family support services.**

**Such arguments rest well with those advanced by Abramson, Seligman and Teasdale (1978) who have observed that in order to alleviate the effects of learned helplessness syndrome it**

is necessary to promote "environmental enrichment" where attempts are made to reverse the cognitive expectation that responding is useless. The provision of services that offer practical and emotional support to families may well help to ameliorate the helplessness deficits that characterise this condition and assist parents to recognise that valued outcomes can be achieved, though some individuals and families may be so depleted by their experiences of social deprivation, an experience shared perhaps by many generations of their families, that considerable levels of support may be needed before any improvement is experienced. Ultimately, enhancing parent's coping capacities in this way could strengthen their ability to provide a safe and healthy environment for their children.

## Conclusions

In exploring the nature of links between social deprivation and harm to children this chapter has analysed three strands which appear to link the problems associated with the adversities faced by socially disadvantaged families. It has developed the twin but *connected* arguments that social deprivation contributes to both primary and secondary forms of harm to children - i.e. it creates conditions of general prevalence of harm to children and by contributing to psychosocial stress in families influences situations leading to injury or neglect of some children by their parents.

Recognition of the interplay of these three strands and their *cumulative* adverse impact on families, has made it possible to develop multi-layered, multi-dimensional models which seek to account for links between social deprivation and harm to children in terms of interconnections between the practical resources available to parents, their social relationships and neighbourhood support networks, and the personal characteristics and backgrounds of parents. It has been possible to develop a "cognitive-social constructionist"

model that may help account for some of the processes leading to harmful outcomes for some children.

By investigating the adversities and hindrances identified by parents living in a neighbourhood characterised by high scores on indices of social deprivation and high levels of child protection registrations, the study on which this thesis draws will explore whether empirical evidence exists to support the possible presence of the three strands.

This study will make it possible to assess the degree to which socially and economically impoverished neighbourhoods may contribute to barriers to good parenting, and how crucial a factor social support is likely to be in this process.

It will also be possible to explore further how the adversities and hindrances faced by socially disadvantaged parents may force them into making difficult choices and compromises in their day to day lives, and how this may affect the care of children.

The study will make it possible to shed light on some of the beliefs and attitudes (i.e. child care approaches) held by these parents and whether these are likely to differ substantially from those of more advantaged parents. Is there evidence to support the proposition that differences in child care practices are more likely to arise from the constraints which the socio-economic environment places on disadvantaged parents than from any "deficiency" in attitude on the part of poor parents?

It will therefore be seen in the chapters which follow that the study on which this thesis draws was able to investigate two of the sources of psychosocial stress which may give rise to the processes that were analysed in this chapter. These are "stressors" associated with the "Neighbourhoods" in which socially disadvantaged parents live, where it is suggested they



are likely to encounter a range of adversities and hindrances that prevent them from attaining the standards of parenting to which they might aspire and which society expects. And "stressors" associated with the "External Attributions" assigned to socially and economically impoverished neighbourhoods and the families living there by the surrounding society.

By listening to the "stories" of some of the parents who must care for their children in these environments it will therefore be possible to shed light not only on the nature and possible effects of the hindrances and adversities these parents may encounter, and the strands that may link the problems to which these adversities and hindrances give rise. It will also be possible to establish the extent to which the "lived experiences" of these parents indicate the processes outlined in this chapter.

The next phase of this thesis will commence with a detailed description of the study and the methods which were used to gather data.

## **CHAPTER 3**

### **THE RESEARCH STUDY**

This chapter will set out the objectives of the study undertaken as part of this thesis and elaborate the research questions which were investigated. Issues of general methodology will be considered. The research strategy and the methods applied in order to meet these objectives and investigate the questions posed will be described. Major ethical issues and the problems encountered in completing the study will be reviewed.

#### **The Objectives of the Study**

What is the nature of the links which may exist between social deprivation and harm to children?

To investigate this central question the study explored parents' perceptions of the problems faced by them in bringing up children in a neighbourhood characterised by high scores on indices of social deprivation and high levels of child protection registrations.

In this way it was intended that a series of more specific research questions should be investigated:-

- (a) Can it be demonstrated that parents facing social disadvantage encounter a range of adversities and hindrances which may have a cumulative effect on the care of children?
- (b) Is it possible to describe the nature of these adversities and hindrances?

(c) Can any links be demonstrated between problems associated with these adversities and the propositions that:

- social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children
- by creating material, social, interpersonal and intrapersonal barriers in families, social deprivation can prevent parents from achieving the standards of parenting to which they might aspire and which society expects of them
- in interaction with many other factors, social deprivation can contribute to high levels of psychosocial stress within families that may lead some parents to physically injure or neglect their children?

By investigating these questions and the possible interplay between these three strands it was intended that the validity of the multi-layered, multi-dimensional models proposed in the theoretical discussion should be tested.

By exploring interconnections between the practical resources available to parents; their social relationships and neighbourhood support networks it was intended that light should be shed upon the *processes* that may connect social deprivation and harm to children. I wanted to investigate the extent to which the "lived experiences" of the parents in this study indicated the cognitive-social constructionist "process model" developed in the theoretical discussion.



In pursuing these objectives the study sought to consider the validity of the argument that harm to children may be linked to deficits in material resources and complex, interacting psychosocial stress factors.

It was intended that this should make it possible to assess the extent to which current definitions of harm to children and the services available to families developed in response to those definitions are satisfactory, and whether there are any implications for strategies that seek to protect children from harm and promote partnership with parents under the Children Act 1989. Moreover, what might the implications be for other health and welfare services for children and families?

The objectives of the study and the research questions which were investigated need to be located within the context of the overall development of the thesis since their identification corresponds with the process by which the interpretative frameworks were elaborated and refined, and the emergence of data.

The original working hypotheses underpinning the study were based on a number of questions formulated during the early stages of the study as a suitable focus for investigation was developed. These questions were:-

1. Is it possible to confirm empirically and at a local level a link between harm to children and relative social deprivation?
2. Will it be possible to demonstrate that this link shows itself in two ways?
  - a) The highest proportion of families whose children appear on local authority child protection registers will have a low socio-economic status;

- b) The highest clusters of families with children on such registers will be found within neighbourhoods which score high on indices of social deprivation.
- 3. Do parents living within "high cluster" neighbourhoods experience a variety of "deficits" which they perceive impinge upon the quality of child care they are able to provide?
- 4. Does reference to these "deficits" as identified by the parents provide pointers for the development of services for children and families living in such neighbourhoods?

In addressing these questions I hoped to shed further light on the nature of links between social deprivation and harm to children, the central question posed in the thesis. These questions were to define the research strategy and research design which are described later. However, as the interpretative frameworks were pulled into sharper focus so it was possible to reframe these questions in order that connections between the theoretical perspectives which were emerging, the research study and the significance of the findings could be tightened.

This process can be seen as mirroring some of the themes and arguments which comprise the interpretative frameworks that inform this study. In the theoretical discussion great importance was attached to the meanings which people attribute to their experiences and the way in which those meanings are constantly negotiated and re-negotiated as individuals re-evaluate the past and present. This tendency for "reflexivity" has also been identified by Sapsford and Abbott (1992) as a feature of "qualitative" research design where data is the outcome of a process in which the researcher participates and in which their attempts to

make sense of the situation will necessarily have a great effect on what is produced. In my study, as data emerged it became possible to develop further the interpretative-theoretical frameworks which in turn made it possible to re-evaluate the data, attach fresh meanings to the data and reconsider the questions which were being addressed. This process continued until the thesis was completed.

In general methodological terms it has already been described in the theoretical discussion how the interpretative frameworks which were brought to bear on the study reflect "social constructionist", "humanistic" or "interactionist" perspectives. Since the aim of the study was to draw on the experiences and perceptions of parents - to go beyond the statistical evidence which was explored regarding links between social deprivation and harm to children to hear the "stories" of parents living in the midst of these statistics - the epistemological position which underpinned the study can be seen as being based upon the notion that social reality can only be known by understanding how social actors make sense of and define the situations in which they find themselves (Bluner 1990, Bilton et al 1987, Gergen 1985 and 1982, Plummer 1983).

In these terms, the research study can be seen as falling within the "anti-positivist" tradition of sociological inquiry characterised by "social action" perspectives. This is not to diminish the "structuralist" emphasis which is also evident in the theoretical discussion. Parenting, child care and the origins of harm to children do need to be viewed in the context of chronic social inequalities which deny parents access to the resources necessary for effective child-rearing and perpetuate stressful living conditions.

However, interactionist, humanistic and social constructionist perspectives do not regard social actors as mere "cultural dopes" who respond passively to the dictates of the social



system (Garfinkel 1967). Rather they are seen as having their own consciousness and motivations which are used to meaningfully interpret and construct the social world.

These assumptions were subject to further important refinements as the study was developed. In Chapter 1 it was acknowledged that the gender composition of the interview sample - it was comprised entirely of women -had major implications for the theoretical discussion. How could the focus on mothers be justified when other research evidence, supported by the findings of this study indicated that the majority of child abuse is perpetrated by males? There were methodological reasons for this which will be fully explained later. However it was also argued in Chapter 1 that since the study was concerned with the experience of parenting in social disadvantage and that women are primarily responsible for child care in the U.K then it was reasonable for the focus of the investigation to be on *women's* experiences.

It was therefore necessary to integrate feminist perspectives into the analytical-investigative framework, complementing the social class perspective which lies at the heart of this study. In methodological terms this was of fundamental importance because it has been argued that the application of the "male paradigm" of science to social research reflects "a masculine, social and sociological vantage point" which can devalue the experience of women (Oakley,1981,P.38). Given that the parents whose perceptions and experiences I was to draw upon were members of a Women's Group operating within a Family Centre and that the realms I was investigating are traditionally seen as female, it was necessary to ensure that my approaches to data collection and analysis were ones which kept to

".. the forefront of one's mind the lifestyles, activities and interests of women.." (Oakley,1974,P.30).

As a male interviewer speaking to mothers about their perceptions and experiences, and investigating areas of particular concern to them, it was important to take seriously the relevance of the subjective and the personal, and not in any way to minimise the importance to my investigation of the feelings which the women expressed in relation to the subject matter. As argued throughout this thesis this was fundamental to the focus of the study given its concern with exploring the meanings which parents attribute to their experiences. This also links with the argument that promoting partnership with parents under the Children Act 1989 requires that more weight should be attached to how parents, particularly mothers, define the difficulties they face in raising their children safely and in good health and what they say they need to achieve this. Even so, as will become evident important ethical issues arose which required careful consideration.

## **The Research Strategy**

Bilton et al (1987) argue that the adoption of a particular ontological position (i.e. a proposition about what reality is) and a particular epistemological position (i.e. a way of establishing what can be accepted) is likely to lead to the selection of particular methodologies to test out ideas. Given the position just described the decision to select a qualitative approach to data collection in the form of semi-structured or "open interviews" (Sapsford and Abbott 1992) with the women who formed the sample group would seem to constitute a good methodological "fit".

However, the reality was more complex than this. The crucial issue in the development of my research strategy and the research design which flowed from this, was the extent to which particular methods would enable me to investigate most effectively the research questions I had posed. Bulmer (1984) confirms that it is the research problem which

influences the methods of investigation and determines how choices between different research strategies are made. Since there is no absolute definition of what constitutes the "sociological method" it is most fruitful to focus on a range of methods and a variety of types of data which can be utilised. As Hammersley observes:

"One should use any data that are available, of whatever type, if they lead one to develop and test one's theory effectively." (Hammersley,1985).

In this study the questions posed required different investigative techniques of which ethnographic approaches were one major element. However, the attempt to demonstrate empirically a link at a local level between social deprivation and harm to children was best achieved by examining documentary sources of data. Computer records and case-files held by a local authority social services department and local archive material on social and economic indicators were used for this purpose. The use of these "unobtrusive measures" have more in common with the quantitative methods associated with positivist approaches to social research.

Moreover, given that the purpose of this aspect of the study was to discover whether a correlation exists between social deprivation and harm to children, in terms of whether areas experiencing the highest rates of child protection registrations are also those which score highest on indicators of social deprivation, the study also carried features of the analytic social survey (Bulmer 1984). This seeks to test hypotheses about the relationship between variables - in this case social deprivation and harm to children - for the purpose of understanding and explaining a particular social phenomenon (Selltiz et al 1965).



The use of these methods not only made it possible to address specific research questions, they were also essential in enabling me to identify a neighbourhood in which the perceptions and experiences of a group of parents living there could be sought. The theoretical discussion considered how social deprivation and harm to children is linked to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children - one of three strands which may link the problems promoted by the adversities and hindrances faced by parents living in social disadvantage. The point here is that to reach the stage where a qualitative approach could be used with its emphasis on subjectivity, it was first necessary to apply quantitative techniques.

My research strategy therefore reflected the approach described in the literature as "triangulation" where multiple strategies for field research are combined in order to investigate problems (Burgess 1984). Thus unobtrusive measures - "the use of pre-existing data sources for analytic ends" (Bulmer 1984, P.13) - were combined with elements of social survey research - "where the emphasis is placed upon (sociology's) potential to address theoretical problems" (ibid.) - and interpretative or ethnographic procedures - where techniques are applied "...to provide understanding of social structure and process from the actor's point of view." (ibid.).

The value of such an approach is that it can help to resolve "the problems that stem from studies relying upon a single theory, single method, single set of data and single researcher" (Burgess 1984, P.144). If a proposition can be confirmed by two or more independent methods than the uncertainty of its interpretation may be reduced. (Bulmer 1984).

The decision to employ a range of methods also reflected the character of the interpretative frameworks that were used to assess data. In the theoretical discussion the case was made for a multi-layered, multi-dimensional model of links between social deprivation and harm to children. It was argued that this is a highly complex interactional phenomenon which is best understood by blending a range of perspectives and analytical tools. If, in empirical terms, I was to build up a picture of links between social deprivation and harm to children layer by layer then the investigation of these links was likely to require a similarly broad application of data-gathering techniques.

### **The Research Site**

The study was conducted in a Metropolitan Borough in the Midlands which I shall call Warbury. The research took place between March 1990 and November 1991. I was granted access to computer records and case-files held by the Child Protection Unit of the local social services department, which also assisted me in identifying a Family Centre where I was able to meet with a Women's Group. Some members of this group agreed to meet with me on an individual basis for the purpose of conducting in-depth interviews.

The borough of Warbury provides a sharp contrast in its socio-economic character. It is dissected by a major trunk road and lies between two major cities. In the east of the borough lies the affluent town of Warbury bounded by equally prosperous rural electoral wards. To the west lies a sprawling and by common consent, relatively disadvantaged housing estate known as Copeley Forest.

The population of the borough is just under 200,000 and it contains just over 76,000 households. It has been observed that there is a clear difference in the "sense of community"

felt by residents of the borough. Those in the East identify strongly with the town of Warbury. They shop there and regard it as their local focus. In the West public transport systems, shops, health facilities, and in many cases place of birth, lead many of the residents to regard the major city lying further to the west as their focus. A more detailed profile of the metropolitan borough of Warbury will appear in the next chapter when the findings of the research are set out.

## **The Research Design**

To investigate the working hypotheses developed in the early stages of the study, a research design was developed which fell into three parts:

- (I) Testing for the links between social deprivation and harm to children within neighbourhoods;
- (II) Testing for the links between social deprivation and harm to children within individual families;
- (III) Investigating Parents' Perceptions and Experiences.

### **Part I - Testing for the links between social deprivation and harm to children within neighbourhoods.**

#### ***(a) The Mapping Exercise***

To investigate the proposition that a link may be seen to exist at a local level between harm to children and social deprivation, I set out to test for a correlation between these two variables. On this basis, would it be possible to demonstrate that the highest clusters of



families with children on child protection registers are to be found within neighbourhoods which are socially deprived?

The method used to achieve this was a search of documentary sources - unobtrusive measures. I began by examining computer records and case-files held by the Child Protection Unit in the local authority social services department which agreed to allow me access to this material. The names and addresses of all the children who had been placed on the local child protection register in the two year period up to March 1990, the date on which the computer search was completed, were recorded. Each of the children's' families were located geographically according to the electoral ward in which the family lived at the time of registration. This made it possible to map the distribution of households in which a child or children was registered across the metropolitan borough. The process was assisted by having a large map of the borough into which coloured pins were inserted according to the address of the family and the category of abuse for which the child was registered.

The data stored in the computer records, verified by reference to the case-file held on each family, consisted of the following:-

- (I) name(s) of the child(ren);
- (II) name(s) of the parent(s)/carer(s);
- (III) details of aliases and other names by which the child and parents might be known;
- (IV) date of birth of the child(ren);
- (V) postal address of the family;

- (VI) category of registration of the child(ren) i.e. physical abuse, neglect, emotional abuse, sexual abuse, known perpetrator of abuse living in the household, other child(ren) living in the household known to have been abused;
- (VII) date of removal of child's name from the child protection register if applicable;
- (VIII) details of siblings (who might also appear on the register in their own right);
- (IX) name of the "key worker" holding responsibility for the management of the case.

The purpose of selecting a two year period over which to measure registrations was to deepen the base and hence the validity of the study by recording details of a relatively large number of families. In all, the circumstances of 144 families were recorded.

The children who appeared on the computer records fell into two categories:-

- (I) those whose registration was "active" at the time of the computer search;
- (II) those who had been placed on the child protection register at some point during the two year period up to 20th March 1990 but who had been subsequently "deregistered".

Again, the reason for including this second category as well as active cases was to deepen the base of the study by providing the potential for more data about families. The second

purpose of this was to ensure the fullest possible basis for a sample of parents who might agree to be interviewed.

Where children had been registered because of the presence in the family of a known perpetrator of child abuse or where other children in the family had already been registered for actual or suspected child abuse, the case-file was examined to confirm the category of abuse which had originally given rise to the concerns. This was important because although I was concerned to trace the distribution of all households with children on the child protection register across the borough, I wanted to be able to differentiate sexual abuse from other forms of abuse. This was an acknowledgement of the issue raised in the theoretical discussion that the causes of child sexual abuse might lie in factors other than poverty and social deprivation. A distinction needed to be made therefore, between these and other households appearing in the survey. In practical terms this meant assigning a different coloured pin to situations of child sexual abuse which could then be readily identified on the map of the borough. All those households where there was an element of sexual abuse were differentiated in this way.

It was also necessary to check for "double-counting" by looking at instances of cross-referencing within the computer records. Some of the children were or had been known by different second names, and in a few cases parents had adopted one or more aliases. It was important to be clear about the identity of the families who appeared on the child protection register so that they did not figure in the mapping exercise more than once.

Where families tended to move around, the address at which the "abusive" episode first occurred was noted and charted accordingly.



There are more fundamental problems in using child protection registers as a means of measuring the incidence of child abuse and neglect in local areas. Chapter 1 highlighted the fact that the definition, identification and disposal of cases of actual or suspected child abuse is a highly subjective and contentious process that might say more about social and professional responses to the problem than its actual size and nature (Parton 1991). Evidence was set out regarding problems in the operation of the child protection system and the tendency for large numbers of cases to "drop out" of the system even though there appears to be little qualitative difference between the circumstances of those children who drop out before a child protection conference and those who are eventually registered (Gibbons 1993). Other cases may go completely undetected or unreported. Possible bias in reporting processes leading to a disproportionate number of children from poor families being placed on child protection registers was considered. However, having reviewed all the evidence it was concluded that on balance official statistics are likely to reflect the true social class distribution of the problem.

For these and other reasons discussed in Chapter 1 it is necessary to acknowledge that while such data may represent the best available means of measuring the incidence and distribution of child abuse in local areas, caution is needed in interpreting official statistics on child abuse and neglect.

Nevertheless, by using these official sources I was able to create a visual and statistical record of the distribution of reported cases of child abuse for the two year period up to 20th March 1990. This made it possible to see from the map with its coloured pins, where the largest clusters of households in which abuse or possible abuse to children had been identified, fell within the borough. Moreover, on this basis it was possible to calculate a

differential rate of registration per 1000 households with children for each electoral ward, which could then be used for comparative purposes.

In order to extend the validity and reliability of the findings of the mapping exercise, a small follow-up study was conducted using figures which the Warbury Area Child Protection Committee began to produce after this study had been completed. These figures provide details of the patterns of distribution of children placed on the child protection register as opposed to the families in which they live, but they nevertheless tend to confirm the findings of the original mapping exercise.

The figures used in this follow-up study covered the nine month period of December 1991 to August 1992. The numbers of children on the register over this period were aggregated according to each electoral ward on a month by month basis. The total for each ward was then divided by nine to give the average number of children placed or remaining on the register each month. Again, a differential rate of registration per 1000 children in each ward was calculated and used for comparative purposes. It was not possible to separate out cases of child sexual abuse from these figures so the results describe totals of children irrespective of abuse.

### ***(b) Neighbourhood Profiles***

The second part of the process of testing for a correlation in local areas between high rates of child protection registrations and social deprivation, involved the construction of socio-economic profiles of the neighbourhoods in which cases were clustered. By using a variety of public documents it was possible to develop a comprehensive picture of the electoral wards making up the borough, and identify those which scored highest on a range of indicators of social deprivation.

The documents used were:-

- Local Population Census
- Records held by the Metropolitan Borough Council
- Reports by the Local Health Authority
- Crime Profiles

The value of using public documents has been highlighted by Webb (1966) and Bulmer (1984). These provide access to large-scale data which would be beyond the resources of most individuals to collate. However, as Sapsford and Abbott (1992) point out, issues of validity arise with respect to this source of data even more than any other. Such data is collated for purposes often very different to those of the field researcher so its significance has to be carefully evaluated. It is necessary to question whether such data has been consistently and reliably collected and that it measures what it purports to measure (Sapsford and Abbott 1992).

In using these sources to test for a correlation between social deprivation and harm to children I wanted to discover the nature and direction of the relationship between these two variables. In this regard the research design reflected the concerns of analytic social research. Rosenberg (1968) argues that there are three possible meanings which a relationship between two variables may have:



- (I) symmetrical relationships - neither variable may influence the other;
- (II) reciprocal relationships - both variables may influence one another;
- (III) asymmetrical relationships - one of the variables may influence the other.

Rosenberg asserts that the core of sociological analysis is to be found in the asymmetrical relationship where one variable (the independent variable) is essentially "responsible for" another (the dependent variable). As such, asymmetrical relationships are linked to the vital scientific area of causal analysis (ibid.). Bulmer (1984) refines this conception:

"In social sciences it must be noted that such determination is virtually never invariable. Relationships are based on statistical trends, so that the relationship reflects tendencies. The independent variable then is one which 'tends to determine' the dependent variable; the former might be said to 'influence the latter'".(Bulmer,1984,pp 309-310).

Hence the value of asymmetrical relationships can lie in their ability to reveal how stimuli may affect responses, how dispositions (attitudes, values, abilities and habits) may influence behaviour, how properties (certain fixed qualities in an individual's circumstances such as social class and socio-economic status) may influence dispositions and behaviours (in this case harm to children). In sociological inquiry the most common type of asymmetrical relationship is the one between a property as an independent variable and a disposition or act as the dependent variable (Rosenberg 1968).

It was this relationship which I anticipated would be demonstrated by the study. Social deprivation represents an independent variable which "tends to determine" or "influences"

the incidence of child abuse, a dependent variable. Moreover, the key criterion for understanding the direction of this determination is "susceptibility to influence." (Rosenberg 1968). I expected that when the socio-economic profiles of the different electoral wards within the borough were transposed onto the findings of the mapping exercise, it would be revealed that the neighbourhoods which scored relatively high on indices of social deprivation would tend also to experience the largest clusters of cases of child abuse. Where these indices were at their lowest then the number of cases would be correspondingly low.

It is important to stress the limitations of this analysis. In the theoretical discussion it was argued that the findings of this study are most safely seen as indicative of particular relationships rather than as providing concrete proof of their existence. This is brought into sharper relief by this aspect of the study. Sapsford and Abbott (1992) describe how arguments derived from secondary sources of data of the sort used here will tend to be based on correlational or "quasi-experimental logic". As such these arguments may be strongly suggestive of relationships but they do not establish causation beyond doubt. While my findings did confirm trends and patterns in the geographical and social class distribution of child abuse cases identified in other studies undertaken in the U.K and the U.S.A, these qualifications need to be kept in mind.

The operation of "community-wide approaches" to promoting child welfare (Chamberlin 1988) has produced some evidence to suggest that the introduction of a third variable, the presence of comprehensive services for children and families living in areas of high social need and low levels of resources, may also influence the direction of the relationships which were identified in the study although this was not something that could be tested for in this particular study. However, having established the possible nature of the relationship between social deprivation and harm to children through the mapping exercise and

neighbourhood profiles, the study moved into a more detailed exploration of the circumstances of the families whose children appeared on the child protection register.

## **Part II - Testing for the links between harm to children and social deprivation in families.**

This was achieved by examining the case-files of the children and families whose names and addresses had been revealed by the computer search. Evidence of three main socio-economic indicators within each family was sought:-

- source of income
- employment status
- housing tenure

This exercise was also intended to identify a sample of families living in a neighbourhood characterised by high rates of child protection registrations and high scores on indices of social deprivation who could be approached for the purposes of an interview.

To gather this data from the case-files a proforma was developed. This appears as Appendix 3. The purpose of the proforma was to provide a standardised tool for recording data, which would lend itself to ready analysis by making it possible to compare information falling under each category.

Apart from verifying the name and address of each family and the category of registration, details of the marital status of the parents and carers were noted. This could have important connections with the socio-economic status of the family given that lone parenthood has



been identified as having a close association with poverty (Kumar 1993). Lone parent families tend to experience a low rate of economic activity and a high reliance on social security benefits which are not adequate to meet the needs of a family with dependent children. The same principle was applied in looking for the ethnic origin of families. Kumar (1993) in reviewing the evidence, finds that Black people are most likely to be in low paid jobs and twice as likely as white people to be unemployed. Given the evidence cited in the theoretical discussion that the experience of poverty tends to be characterised by multiple adversities which may generate chronic stress within families, a record was also kept of the range of problems which families might be experiencing.

I discovered that the case-files held in the Child Protection Unit contained case conference minutes and recommendations, including decisions to register and de-register children. The minutes provided detailed information about the circumstances of the child and family; the nature of the child's injuries and professional concerns about him or her; how the abuse had occurred and who was responsible for it if this could be established. There were appraisals of family dynamics and the factors and events which were seen as contributing to the injuries or concerns. Case plans and details of work undertaken with the family were recorded. Much of this information was derived from comprehensive risk assessments compiled by local authority social workers and/or staff from the locally based N.S.P.C.C. Correspondence, memoranda and other reports were also included. There was therefore a considerable amount of material to be sifted in each case-file.

The major problem encountered was that the socio-economic data sought was not routinely or systematically recorded. Its absence suggested that it was not regarded as a legitimate area for consideration by individual professionals or the multi-agency network, nor seen as having significant bearing upon the difficulties faced by children and families. Instead the

emphasis was very much upon family pathology, reflecting the limited definitions of child abuse which tend to be applied by professionals and confirming what Gelles (1982) has described as the "psycho-dynamic lens" through which the problem tends largely to be viewed. Such data as existed had to be carefully extracted after exhaustive reading of the 144 case-files. There were exceptions but generally such data was either absent or recorded very briefly at various points throughout the file. Very often a vague reference to possible financial hardship was the only indication of the socio-economic status of the family. In a significant proportion of cases this status remained a mystery.

That this should be the case confirms the highly subjective nature of both the processes by which abuse is identified and defined, and how information upon which decisions about disposal are based is selected. In appraising the guidelines issued by the Department of Health (1988) to social workers undertaking comprehensive assessments with families, Parton characterises these as providing a framework for: "objectifying the subjective realities of children and families but mediated by the subjective realities of the social worker." (Parton, 1991,P.140). It is the latter which seems to have been decisive in determining what did and did not appear in the case-files. The subjective realities of the social workers and other professionals appeared only rarely to include a consideration of the possible influence of social deprivation upon harm to children, and the need to tackle this as part of a child protection package. This was despite the fact that in testing for a correlation between deprivation and abuse my study revealed both an overwhelming preponderance of cases in the poorest neighbourhoods and, notwithstanding the patchiness of socio-economic data on individual families, a significant number of families on the child protection register living in poverty.

Having completed the first two phases of the research study, the research design shifted from an emphasis on analytic social survey and documentary sources for data collection to an ethnographic approach where the experiences and perceptions of parents were sought.

### **Part III - Investigating Parents' Perceptions and Experiences.**

#### ***(a) The Sample***

The original intention was that having completed the computer and file search, I would be in a position to identify a group of families living in a neighbourhood exhibiting a relatively high rate of child protection registrations and scoring high on indices of deprivation, who could be approached with a view to conducting in-depth, semi-structured or open interviews as these have been more recently described (Sapsford and Abbott 1992). The aim was to go beyond the statistical trends and possible relationships investigated in the first two parts of the study to listen to the "stories", the "lived experiences", of parents living in the midst of those statistics. General access for this purpose had already been negotiated with the Director of Social Services of the borough.

However, this still proved to be a difficult process. Firstly, it was necessary to negotiate with "middle" managers in the Warbury social services department so that a list of families could be drawn from the search. This required careful consideration because the circumstances of each family might be seen as sufficiently sensitive to make such an approach at the time inappropriate. The family could be facing a fresh crisis; legal proceedings could be pending; delicate direct work with the children and family might have been set in train. Moreover, a "de-registered family" might not welcome an approach over a matter it assumed to be closed.



The result was that the list which was eventually agreed comprised just 18 families living in the selected neighbourhood. A letter was sent to each of the families by the Principal Officer for Childrens' Services introducing myself and stressing the voluntary nature of any involvement by them in the project. This was accompanied by a brief description of the research which I compiled, and a reply slip. A stamped addressed envelope was included with this material so that the reply slip could be returned directly to me. (Appendix 4 and 5).

The decision to mail this material rather than have it delivered personally by the family social worker was taken after some discussion between the Principal Officer and myself. My preference was for the latter because I felt there would be a greater likelihood of a response if the subject was raised directly with the parents by someone they knew. The Principal Officer argued that some of the families on the list were not at this time in direct contact with a social worker, and he expressed doubts as to whether those social workers who were still seeing the family would distribute the letter as rapidly as we would like. It was therefore agreed that the literature be sent to families via the post to ensure that it did arrive. However, I managed to obtain agreement to my meeting with each of the social work teams operating in the neighbourhood in which I wanted to conduct the interviews. This made it possible to inform staff directly of the study and its objectives so that they would be in a position to field any issues or anxieties raised by the families with which there was still some involvement. I hoped that this would pave the way for a good response from families.

### ***(b Sampling Techniques***

Had these approaches to the families been successful then it would be possible to report that the approach to selecting participants for the purposes of this study was characterised by non-probability sampling techniques based upon "judgement" sampling. Here, participants are selected according to a variety of criteria - age, gender, occupation, or a relevant experience, in this case having a child placed upon a child protection register and living in a neighbourhood characterised by high scores on indices of deprivation and high rates of child protection registrations. Such a sample group needs to be representative of the "universe" from which it is drawn (Burgess 1984).

However, the response to the letters sent to the families was very poor. Only two families replied, and while it was possible to carry through an interview with one of these, the other proved impossible to follow up as appointments made with the parent proved abortive.

If the study was to be completed it was therefore necessary to revise my strategy. It was now clear that despite my original intentions, I would not be able to solely interview parents who met the twin criteria of having had a child on the register and living in a neighbourhood experiencing a high correlation between child protection registrations and social deprivation. However, it proved possible to make contact with other parents living in the selected neighbourhood. Only two of these had children on the register, but they were all in contact with the social services department in connection with child and family problems, and crucially, they were willing to see me.

As a consequence of this the sampling techniques moved away from "judgement" forms of non-probability sampling to "opportunistic sampling" where the researcher draws upon

people who essentially are willing to co-operate. This technique poses some problems for the researcher for as Burgess observes:

"In these terms, replication is impossible as the researcher selects individuals who are available." (Burgess,1984,P.55).

I was able to contact these parents through a Family Centre which was run by the Warbury Social Services Department and located within the Copeley Forest neighbourhood which was selected for the ethnographic study as a consequence of the mapping exercise. Contact was made with staff at the Centre who agreed to explain the purpose of my research to members of a Women's Group which met there on a weekly basis, and invite their participation.

The mothers attending the group were experiencing difficulties associated with child care, domestic violence and social isolation, and as will be described in more detail later, the purpose of the group was to provide its members with opportunities for mutual support, problem solving and the exchange of information that might be of value to them. Staff at the Family Centre believed that the women would be able to offer valuable insights into the experience of being a parent in the neighbourhood. These staff were willing to "sponsor" my entry into the group because they also felt that the women would find the subject matter a useful topic of discussion at one of their weekly meetings.

I requested that it be put to the women that I should like first to obtain their views on the themes which I had in mind within the group setting. I should then like to invite them to come forward on an individual basis to participate in an in-depth interview covering similar issues. Soon afterwards I was informed by the staff-members that the women were willing



to meet me on this basis and I was invited to attend one of the group sessions. As a result of this I was able to conduct a group interview with 14 mothers, and individual interviews with 9 of these participants. One of the 9 was the parent whom I had already been able to see as a result of the original "mail-shot". She had been referred to the Family Centre as a result of the difficulties she had been encountering with her children, difficulties which had led to the children being placed on the child protection register.

The method by which I achieved access to the sample group has been highlighted by Parker (1974) and Patrick (1973). In their studies they achieved access by forming a relationship with individuals who could sponsor them into a particular group. These individuals may not be "gatekeepers" in the sense of a person holding a designated position in an institution like the senior managers with whom I had dealt with up to this point in order to obtain access to sources of data. However, by virtue of their position they are people who have a degree of influence over contacts who can be helpful to the researcher. The issue of access is one which will be analysed later in more detail because this was to be a recurring issue throughout the study.

In terms of sampling techniques, using the group setting as a spring-board to further interviews carried elements of "snowball sampling". This is where a small group of informants are used who put the researcher in touch with others who can be interviewed until a chain of informants has been selected and interviewed (Coleman 1958). However, as already observed, the means by which I had had to select informants could impose limitations on the generalisability of my findings. In view of this, I decided that it might be useful to regard the participants in this study as "Key Informants".

### ***(c) Selecting people - the notion of Key Informants***

Burgess (1984) describes how it is usual in much sociological research to select individuals by using random sampling methods. However, this can lead to the overlooking of important groups because the focus tends to be on formal rather than informal groups for which membership lists are not available. Using opportunistic or snowball sampling allows researchers to undertake intensive work with informants from informal groups (cf. Conklin 1968). Burgess traces this approach to the work of social anthropologists whose research has involved the selection of key informants. Sociologists have adopted similar strategies. In a study of factory life, Nichols and Beynon (1977) used five men as key informants whom they describe thus:

"They aren't 'special people' or people who we think have anything more special to say than anyone else; nor are they a 'representative sample'; they are simply five of the two hundred we talked to about their lives, their futures and their pasts." (Nichols and Beynon, 1977, P.78).

Similarly, Ball (1984) describes how in his study of a comprehensive school he made use of five informants who were not representative or typical or untypical of teachers. However, they were people with whom he felt he had developed a relationship and could discuss situations.

In selecting key informants Burgess (1984) suggests that the main determinant is the researcher's judgement about the capacity of the informant to portray aspects of a particular social situation. He cites Mead (1953) who in drawing upon her experiences as a social anthropologist suggests that:

"..the validity of the informant depends not so much upon the number of cases as upon the proper specification of the informant..."  
(Mead,1953,P.645-6).

The women in this study could be seen in this way. They may or may not have been a representative sample of typical or untypical mothers living in this neighbourhood. (It could be argued that their attendance at the Family Centre marked them out as somewhat "advantaged" and therefore unique relative to their contemporaries in the neighbourhood). However, they were able to provide a valid view of what it is like to be a parent, or more accurately a female carer, in this neighbourhood - a view borne out of their own day to day experiences. As such the women were able to give me important insights into the socio-economic environment which I was investigating.

This perspective finds resonance with the feminist critiques of research methodology which have already been cited, and in particular those which emphasise the need for "representativeness" in social inquiry. Oakley (1981,1974) attacks the "male paradigm" which she sees as promoting "scientism" in sociological inquiry at the expense of taking seriously the perceptions and experiences of women. Concerns with reliability and representativeness are seen as being emphasised to the detriment of validity. Instead, studies should be judged against the objectives which they set themselves rather than in terms of

"standardised ideals of statistical generalizability." (Harvey,1990,P.116).

This particular study is therefore most appropriately assessed in the context of Burgess' observations that:



"The selection of individuals in field studies is, therefore, a different procedure from the selection procedures associated with statistical sampling in survey research. For in field research informants are selected for their knowledge of a particular setting which may complement the researcher's observations and point towards further investigation that needs to be done in order to understand social settings, social structures and social processes." (Burgess, 1984, P.75).

### **Data Collection and Analysis**

In this section the processes by which data was collected and analysed will be described, and how the tools designed for these purposes were developed and tested. To reflect the structure of the research design described in the previous sections, these aspects will be divided into two: the Group Interview and the Individual Interviews. It will also be described how as a consequence of the individual interviews it was possible to develop case studies of some of the women and their families to further illustrate the extent to which their experiences indicated the models and processes analysed in the theoretical discussion.

#### ***(a) The Group Interview***

14 mothers were present at the group interview. The women had been meeting on a weekly basis at the Family Centre for sessions of two hours in duration since September 1991. The sessions were due to finish in December 1991. I joined them at the mid-point of their programme. Through the medium of group-work the staff at the Centre aimed to enable the women to develop a greater sense of self-esteem. It was hoped that this would help them to better manage the range of difficulties they faced. The staff had negotiated a programme

with the group members which would allow them to share experiences, offer mutual support and give and receive information which might be of benefit in dealing with problems. Topics covered in the sessions included the following:

- "Women and Work"
- "Domestic Violence"
- "Welfare Rights"
- "Personal Safety"
- "Community Health"
- "HIV and Women"
- "Children's Safety"
- "Play and Children"
- "Body Shop"

Creche facilities were provided for the children of the women so the group was also able to provide valuable respite from child care.

The women had been referred to the group by social workers, health visitors and in some circumstances the women themselves in connection with a range of problems. Some were experiencing child care problems which could include child protection issues. Others had been subjected to violence at the hands of a male partner. Many were socially isolated. However, encouraging the involvement of local women in the group was apparently relatively easy. The reputation of the group as a source of help had, according to its

members and the Family Centre staff, extended into the neighbourhood and there were waiting lists for places in groups planned for the future. The highly participative ethos of the group, where the women were encouraged to take control of its operation, reflected the emphasis of the Children Act 1989 on family support and partnership with parents. This appears to have struck a chord with mothers living in the neighbourhood.

On joining the group I began by reiterating the aims and objectives of my research and in particular my wish to draw on the perceptions of parents of the problems faced by carers living in the neighbourhood. I explained that I wanted to obtain their views on those things that might help to alleviate difficulties, including the services which they saw as most useful.

I asked the women if they would first complete a brief questionnaire. (See Appendix 6). The intention of this was to provide some quantitative measurement of whether certain issues were seen as problematic, and also to help focus the group discussion which followed. The basis for selecting the themes raised in the questionnaire and covered in the group discussion will be discussed shortly in relation to the format of the individual interviews. Once the questionnaire had been completed the women were given the opportunity to elaborate their responses.

With the agreement of the women we worked systematically through each theme, the rationale for inclusion of which will be described later. These were:

- Housing
- Local Play and Leisure Facilities for Children and Young People
- Day Care Facilities for Children



- Services Offering Help and Advice to Families
- Public Transport and Access Issues
- Job Opportunities
- Primary Health Services
- Family Income
- Schools
- Support for Families in the Neighbourhood
- Perceptions of the Neighbourhood

As we worked through each theme corresponding with those which appeared in the questionnaire, I recorded the comments which were made during the group discussion on large flip-chart paper for all to see. At the end of the discussion on each theme I summarized what had been said, and checked this back with the women to ensure that what had been recorded by me accurately reflected all that had been said by participants. I was keen to ensure that in what turned out to be a very lively and full discussion, I had clearly understood what group members had said and that everyone's views had been fairly and adequately noted. At each point the women were asked to comment upon what they thought would help to improve the areas which they had identified as problematic for themselves and their children. I also invited them to seek clarification on any issue raised by me about which they might be unclear. However, the depth and level of discussion in the group suggested that the themes had been easily grasped by the women, and that the themes I had selected held some resonance for them.

Having worked through each of the themes, I asked the group members if there were any further areas which they believed created problems for children and families, but which had not been covered in the themes suggested by me.

It was at this point that I repeated my request for volunteers to participate in individual interviews. I circulated a sheet confirming details of the project, attached to which was a sheet of paper on which the women could enter their name and address. I explained that if they chose to participate, I would make direct contact with them to arrange an appointment. It was made clear that as with the large group their views would be treated in confidence and anonymity would be maintained in the presentation of my findings.

Finally, once the session was completed the information recorded on the large flip-chart paper was transferred to more manageable smaller sheets of paper, in readiness for the presentation of the findings.

Irrespective of the women's individual decision to participate in the in-depth interviews, I stressed to the group how much I had valued their help and that the observations they had made in the group were of great importance to the project. This was later confirmed by a letter of thanks to the Women's Group and Family Centre staff.

The Group Interview modelled what Manoff (1988) has described as "fast forward" research. He sees this as an integral part of the social marketing strategies needed to promote "community-wide approaches" to child health and welfare. A major element of this research is the "focus group" where issues are explored with local people to create a demand for services. My research had other purposes in mind but the use of a group interview was based upon similar principles. It was a forum where the mothers could be

encouraged to share the reality of their experience. However, the prerequisite for the success of this approach is to promote a sense of partnership between informants and interviewer.

A further challenge which faces the researcher using such an approach lies in balancing the need for an open and spontaneous discussion with techniques which can permit the ready collection and analysis of data, particularly where this involves a number of people at the same time. Thus it was that I attempted to structure the interview around a set of themes rather than allow the discussion to be completely open-ended. However, while I sought to give the participants every opportunity to raise themes which I might not have covered and indeed to comment freely upon those raised in the questionnaire and subsequent discussion, I was aware that in guiding the women down certain avenues this could influence the kinds of data which emerged. To minimise this danger I attempted to avoid what Sapsford and Abbott (1992) call "reactivity" by contributing as little of my own views and assumptions as possible, so allowing the women to speak for themselves. The decision to use a semi-structured or "open" approach to interviewing was one which was also to have a major bearing on the conduct of the individual interviews.

### ***(b) The Individual Interviews***

#### **[i] Structured vs. Unstructured or Open Interviews**

Two main approaches to conducting interviews have been identified. The structured interview is associated with survey research and is characterised by a set list of questions formulated before interviews. These are there to be answered rather than "considered, rephrased, reordered, discussed and analysed." (Burgess,1984,P.101). They assume a



situation where the interviewer has power over the respondent "who is given a subordinate role in this context."(ibid.):

"The structured survey interview is, therefore, presented as a data collection device involving situations where the interviewer merely poses questions and records answers in a set pattern." (Burgess,1984,P.101).

By contrast, field researchers have tended to use an informal, unstructured, semi-structured or open approach to interviewing. Sapsford and Abbott (1992) have considered the characteristics of this approach. Open Interviewing is based on three main principles:

- (I) eliciting the informant's views in the informant's own terms;
- (II) attempting to make the interviews resemble natural conversations as far as possible;
- (III) imposing as little as possible of the researcher's ideas on the conversation.

In short, the approach allows informants to develop their responses without feeling confined by a structured format.

However, according to Sapsford and Abbott (1992) interviewers may differ on how to pursue these aims and adopt different techniques:

- the interview may be virtually undirected by the researcher
- interviewers may take more control in an attempt to "keep the informant to the point"
- interviewers may go in with an outline "agenda". For some this may consist only of a list of topic areas to cover and a few "stock" questions to start the interview and bridge gaps in the conversation.
- others may have a quite detailed list of questions with perhaps a predetermined order in which these are answered.

On the whole the more structured the approach the less the "naturalism" and the greater the danger of attributing the researcher's ideas to the informant. Conversely, imposing some structure makes for uniformity of coverage and so for more interpretable data (ibid.). From the discussion in the previous section it should be evident that I chose to adopt the latter approach, working through a set of pre-determined themes. I have already acknowledged that this was likely to convey to the women my own agenda as a researcher and as such could have influenced the data that emerged.

Corbin (1971) demonstrates that even in the context of the open interviewing technique, the use of specific questions as well as topics can be helpful in starting interviews and opening up particular areas of discussion. This was an approach which I was also to apply in guiding informants through the individual interview schedule. Each theme was introduced by means of a specific question, followed by a more general question which encouraged the mother to give a series of more open-ended responses. Hence I began each theme with a request that the mother decide upon a numerical rating for their answer to a particular issue. For example: "How far do you see your housing as a problem?", followed by a more general

prompt: "Would you like to talk to me about how you see your housing situation ?" and "What do you think would help to improve the situation ?" The format of the interview schedule appears as Appendix 7 and its structure will be analysed in more detail shortly.

However, possibly the most crucial difference between the structured survey interview, and the unstructured, semi-structured or open approach is that the last three are based on the belief that the quality of the relationship established between researcher and researched is central to the interaction, a point touched on in relation to the group interview. Its success will depend not on the degree of control exercised by the researcher but on the degree of trust and confidence the informant can feel for the interviewer. Zweig (1948, cited in Bulmer 1984) argues that the researcher using this approach should demonstrate interest, understanding and sympathy in the person being interviewed, what Sapsford and Abbott (1992) have described as a "neutrally sympathetic" manner.

Thus:

"The core of the open style of interviewing is a very lively appreciation of how you are trying to present yourself and the task and of you (in a word *reflexivity*)." (Sapsford and Abbott 1992,P.111)

This is very important for as the same commentators observe:

"Who you are and what the task is seen to be is all the informants have out of which to make sense of the exercise and what sense they will make will crucially determine what account they will give of the phenomena in which you are interested." (ibid.,P.111).



If this is combined with a sufficiently detailed knowledge of the social situation under investigation, it becomes possible for the researcher to develop deep insights into the individual's way of life. This perspective is close to those advanced by feminist researchers who as already described, argue for the validation of the subjective experiences of women informants. Again, it emphasises the value of introducing a sense of partnership into the research relationship.

I attempted to apply these principles and processes in both the group interview and the individual interviews. I hoped that the rapport that had been established in the group interview would not only enable the women to feel sufficiently comfortable to agree to participate in an in-depth individual interview but that these positive features would carry over into the individual interviews, ensuring that they would feel able to describe their perceptions and experiences as fully as possible.

However, to help sustain the quality of the interaction between the women and myself during the individual interviews, which were conducted in their own homes, I began each interview by reminding them of the subject under investigation, and confirmed why an understanding of their experiences as parents living in the neighbourhood was central to my study. I explained that I wished to take them through a series of themes in much the same way as we had done in the group interview, but to explore these in more detail. I asked if the format of the discussion, whereby I would ask them to numerically rate the degree to which they saw an issue as a problem followed by a more general discussion, was acceptable to them. I explained that I wanted to take detailed notes of their responses as we worked through each of the themes and reflect these back to them for confirmation as we had done in the group interview. I expressed the hope that they would feel able to seek clarification on any issue if this was required. They would be given the opportunity to

comment upon any theme or issue which I did not raise but which they believed had important implications for parenting and child care. All of the women indicated that they were happy with this procedure and together we were then able to complete the interview schedule. At the end of the interview I thanked each mother for her help and this too was followed up with a letter of thanks.

Notwithstanding these efforts to demonstrate the qualities regarded as so important to the success of unstructured/semi-structured/open interviews, major ethical and practical issues remained. Finch (1984) identifies gender as a crucial consideration in interpreting the relationship between researcher and researched in an interview situation. She gives examples from her own study where she claims women made comments which they would have been less inclined to make to a male interviewer. She does not argue that men will necessarily make poor interviewers in these situations, indeed Finch acknowledges that male social workers and counsellors can often encourage women to discuss their lives. However, it is likely that my presence as a male interviewer interviewing female respondents about realms traditionally seen as the province of women did influence the responses of the mothers, though it is difficult to say in what ways. However, even if my attempts to promote the equality which Benney and Hughes (1956, cited in Bulmer 1984)) contend should characterise the personal encounter of the interview were successful, this raises another set of dilemmas for the interviewer.

They identify a second convention of interviewing which they describe as "comparability":

"As an encounter between these two particular people the typical interview has no meaning: it is conceived in a framework of other comparable meetings between other couples, each recorded in such fashion that elements

of communication can be easily isolated from more idiosyncratic qualities."

(Benney and Hughes, 1956, in Bulmer, 1984, P.222).

This statement expresses in more theoretical terms the rationale for the methods of data collection and analysis which I devised for the group and individual interviews in my study. However, mirroring my own observations, Benney and Hughes argue that there are potential tensions between the conventions of equality and comparability, for while equality operates primarily for the advantage of the informant, comparability operates to the advantage of the interviewer. The two may not always be completely compatible since the need to organise and interpret data may conflict

"with the psychological requirements for equality of affective interchange.."

(ibid.).

### [ii] The Interview Schedule

The main tool for achieving "comparability" was the interview schedule, developed for the specific purpose of collecting, organising and interpreting data. (Appendix 7). It has already been described how its format was based upon a collection of themes which were worked through systematically in each interview. However, how and why were these themes selected for both the purposes of the individual and group interviews (including the questionnaire)?

The theoretical discussion in previous chapters has emphasised how many children and families are denied access to adequate levels of material resources, and therefore may lack the means to undertake effective child-rearing. Consequently, they face substantial barriers to providing the standards of care to which they might aspire.



The first task then, was to identify for the purposes of investigation, those resources and components which contribute to effective child care, and without which children and families can be said to be "at risk" (Madge 1983). To do this I applied the areas of need and provision defined in the U.N Convention of the Rights of the Child. Article 27(1) states that:

"State Parties recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development."

The Convention defines the components of this standard of living and it is these which formed the basis of the topics to be investigated:-

- Housing - Article 27(3)
- Day Care Facilities - Article 3(2)
- Services providing help and advice to families - Article 18(3)
- Transport and Access - Article 18(2) and Article 31
- Income - Article 27
- Job Opportunities - Article 18(2) and (3), Article 27
- Health - Article 6 and Article 24
- Education - Article 26

The theoretical discussion revealed other topics which could have a substantial bearing upon the morale of parents and influence their capacity to meet the needs of their children.

Garbarino (1981) shows how standards of care are likely to be shaped by the degree to which neighbourhoods are socially impoverished and the degree of social support to which families have access. Moreover a major theme of this discussion was how wider perceptions of socially deprived neighbourhoods and "feed-back" received by residents may influence their self-image. Hence the following themes were also investigated:

- Levels of Neighbourhood Support for Families
- Social Isolation
- Perceptions of the Neighbourhood

Focusing upon these topics enabled me to investigate the research questions.

The interview schedule was completed by a section which covered the socio-economic circumstances of each family, so that a more detailed picture could be developed of the sample. With other data this made it possible to develop some case studies of the families to be set alongside the comparative findings. The next step was to test out the viability of the topics which had been selected together with the forms of questions which would best elicit a response in relation to each of them.

### (iii) Testing the Interview Schedule

This was achieved in two ways. Firstly, by an "internal pilot" of the Schedule and then by an "external pilot". It was also subjected to further refinement in the initial stages of the field-work.

A draft interview schedule was developed and presented to academic staff at an institution of higher education, for comment and feedback. One of these members of staff shared my interest in the subject matter under investigation and could therefore comment authoritatively on the substance of the schedule. The second was a research methodologist who was able to appraise the validity and likely effectiveness of the schedule as a tool of data collection and analysis. In this way shortcomings in the draft schedule were identified and modifications made. As a consequence of this exercise the rating scales were introduced to be followed by the more open-ended questions. The draft design had been much less structured which could have undermined the process of organising and interpreting data.

In order to carry out an "external pilot" I arranged to meet with a mother living in a neighbourhood of similar socio-economic character to the one in which the interviews were conducted, but in different part of the Midlands. She had no other connection with the project but was a volunteer in a Family Centre similar to the one in Copsley Forest where the ethnographic study was conducted. This person agreed to respond to each theme covered by the interview schedule so that I could begin to assess the sort of responses which these themes would encourage. I also asked her to comment on the formulation of the questions which were asked. Did they make sense to her? Did she feel they were relevant to her own experiences? How might the questions be better framed?

In general terms this mother felt that what was being covered would strike a chord with the experiences of informants and that the phrasing of the questions was clear and easily understood. She felt that the pace and structure of the interview was comfortable. However, this mother pinpointed one area where she felt changes needed to be made. Although she agreed that it was important to ask parents how they would rate public transport for families living in the neighbourhood, there was a wider issue of access which needed to be



addressed. Getting out and about with children to go to shops or to visit friends and relatives for example, also depends on parents being able to negotiate stairs from flats and maisonettes, and being able to get on and off buses and into shops while struggling with prams, pushchairs, shopping bags and children. As a consequence of this the question was added: "How far would you say getting out and about with children is a problem for you?". The ready response with which this question was greeted in the subsequent interviews confirmed that the external pilot exercise had uncovered an important dimension of child care.

Checking out the accessibility of the language I used was as important as obtaining feedback on the selected themes. Deutscher argues that: "The field interview is a peculiar form of conversation occurring in a peculiar situation." (Deutscher,1969/70,quoted in Bulmer,1984,P.239). The possibility of distortion arising out of differential definitions of this peculiar situation need to be kept in mind. Cicourel (1967) also speaks of the variation in degree of "management" or verbalisations under varying conditions - of how people may shift their style of speaking depending upon the context in which the speech takes place. From my perspective as an interviewer, the opportunity presented by the external piloting exercise for rehearsing the verbal presentation of the schedule was therefore invaluable. It also allowed me to assess the likely length of the interview. Paced gently it was to take at most one and a half hours. I felt this was the maximum which could be reasonably expected of informants before they would begin to feel jaded. In fact some of the field interviews took less time to complete.

Skills which I had developed as both a social worker and a training and staff development officer were also to prove useful as a researcher. Burgess (1984) stresses the importance of monitoring the wording of questions in unstructured interviews. As a social worker I had

come to recognise the need to avoid leading and closed questions which can impose answers on respondents rather than allow them to freely relate their experiences. Open questions are more likely to elicit a full and authentic response and this was the approach which I was able to test out in the external pilot. The order in which questions fall is also an important consideration. Rehearsing the schedule confirmed, for example, that asking for detailed information about parent's personal circumstances is best addressed well into the interview when a rapport has been established and the person is talking more freely.

The types of questions asked will also carry implications for the ways in which data is analysed. Spradley (1979) identifies three categories:

- (a) Descriptive questions which allow informants to make statements about their activities;
- (b) Structural questions which attempt to find out how informants organise their knowledge;
- (c) Contrast questions which allow informants to discuss the meanings of situations and provide opportunities for comparisons to take place between situations and events in the world of the informant(s).

This study was mainly characterised by the last category, though there were also strong elements of descriptive questioning. Contrast questions are valuable because they enable the researcher to practise the convention of comparability. However, within the broad categorisation described by Spradley, which corresponds with my selected themes, the need remains for researchers to develop specific forms of questioning which can best elicit a full and open response from informants. As demonstrated above, I was able to test out both elements in the piloting of the schedule.

#### (iv) Data Analysis

The linkage between data collection and data analysis has already figured large in the descriptions of the research methodology. As Macintyre (1979) confirms, the coding of data needs to take place throughout the research period to allow comparative analysis to take place. If this connection is not addressed then the process of analysis becomes more complex. However, in this section I shall set out in more detail the procedures which were followed in relation to the individual interviews in preparation for the presentation of findings and conclusions.

As with the group interviews, detailed notes were made of the responses of the mothers to the questions posed during the interviews. A separate set of forms was used for each interview to allow this recording to take place. For the purposes of analysis it was therefore possible to draw out the relevant section from each completed schedule. In this way I was able to classify, compare and aggregate the mothers' responses on a thematic basis. It was also possible to explore the relationship between themes. The same process was operated with regard to the proforma developed to codify data taken from case-files and the questionnaire used by the mothers in the group.

This approach to interviewing contrasts with that described by Burgess (1984) who observes that most researchers advocate the use of tape-recorders. The main argument in support of this is that their usage avoids the loss of data. However, Burgess acknowledges that researchers need to weigh up the advantages and disadvantages of tape-recording interviews in the particular situation in which the research takes place.



My decision to take detailed notes rather than use a tape-recorder was based upon two main factors. In previous research which I have undertaken some resistance has been encountered from informants when the use of a tape-recorder has been broached. In 1986, as part of a study at the University of Exeter, I questioned a number of social workers about attitudes to contact between birth parents and children in care.(Tuck 1986). Only one of these was prepared to have the interview recorded despite my assurances of confidentiality and disposal of the tape once non-identifying transcripts were completed. Similarly, the first individual interview I undertook as part of this study was conducted with a mother who expressed a preference not to have the interview tape-recorded.

Recognising the sensitivity of the situations into which I was enquiring and the difficulty I had experienced in identifying a sample of parents (as had been the case with social workers in my previous study), I therefore decided that rather than press the issue I would conduct all the interviews without the tape-recorder and instead compile detailed manual records. The individual schedules were redesigned in such a way as to ensure adequate space for notes, and it this format which appears as Appendix 7.

In fact this is a style with which I am comfortable since it reflects approaches to recording interviews with clients which were sometimes appropriate in my practice as a field social worker. An important element in this approach, and one which seeks to remove the risk of losing data or misrepresenting the views of clients or informants, is the need to reflect back information. This was done with the mothers at the end of discussion on each theme in order to verify and clarify data. This approach did not seem to inhibit the flow of information. On the contrary it made for a more thorough and disciplined approach to recording data than might have been the case had I been able to use a tape-recorder. The important issue for both a social worker and a researcher is the need to combine this

systematic approach to practice with a clear exposition of what it is one is doing and why, and through "active listening" to convey respect and empathy to the person being interviewed. Once again it is about attempting to introduce some degree of "partnership" into the interview situation irrespective of the method of recording data. These have been familiar themes in this chapter.

In many respects this proved to be a relatively straightforward part of the process of data analysis. The real challenge as Becker and Geer (1960, cited in Bulmer 1984) have identified, lay in integrating my findings into the relevant theoretical models, so that the data could be presented in an analytic as well as a descriptive framework. It was this challenge which led me to develop other ways of analysing and presenting the data that emerged in the individual interviews. I have described how by using a separate proforma for each interview I was able to record the mothers' responses and then classify, compare and aggregate these on a thematic basis. This made it possible to identify and interpret trends and patterns in the data. However, while this was valuable, a more "holistic" approach to the presentation of data was also needed if a fuller, more rounded picture of the perceptions and experiences of the women was to be conveyed.

For this reason case studies based on five of the individual interviews were developed, including a verbatim account by one of the mothers. These case studies made it possible to shed light on the collective impact of the themes explored on the families concerned and to develop further insights into the processes that may link social deprivation and harm to children. The case studies therefore provided a strong context within which to locate the thematic presentation of results from the ethnographic phase of the study, and a powerful medium for assessing the theoretical frameworks developed in the first part of this thesis.

All the findings of the study are presented in the next four chapters. However, before these are set out I want to describe two other issues, one practical and one ethical, which had great bearing on the shape of the study and my own perception of it.

### **Problems of Access**

Securing access to sources of data was to prove a major barrier to completing this study, and it was an issue which was to arise throughout its duration. I have already described the difficulties which were encountered in identifying a sample group of parents for the purposes of conducting interviews. However, problems with access were evident at the very beginning of the study as I sought a research location.

An initial approach was made to one local authority social services department which refused to allow me access to the documentary sources I required. The response of the manager responsible for these records highlighted the sensitive nature of the material which I wanted to see. Clear guarantees that these sources would be treated by me in total confidence and anonymity were not sufficient to secure his co-operation. This decision set the research back a number of months as an alternative site was sought. However, the experience emphasised a number of key issues with regard to access in social research.

Access has been defined as the gaining of permission to do a piece of research in a particular social setting or institution (Brown, Guillet De Monthoux and McCullough 1976). It is the precondition for research to be conducted and it influences the reliability and validity of data, the ways in which this data can be collected, and the subsequent perspectives that can be portrayed. Access is therefore of fundamental importance. However, Burgess (1984) identifies three problems in starting social research:-



- (a) Gaining access is not a straightforward procedure. Different approaches have to be made to individuals at different levels in the organisation. As a consequence access has to be negotiated and re-negotiated;
- (b) Access influences the kind of investigation which can be done and the position the researcher is able to take;
- (c) Access occurs throughout the research process and therefore creates other problems in doing field research i.e. selecting informants and observing situations.

All of these problems were to be encountered. So far as the second and third are concerned, problems with access meant that it was not possible to interview parents who met the twin criteria of having a child on the child protection register, and who lived in a neighbourhood characterised by high scores on indices of social deprivation and high rates of child protection registrations. While the sample group eventually identified contained two mothers in this position, in order to achieve a viable sample it was necessary to broaden membership to include parents who did not fall into the first category. Despite my original objectives, it was therefore possible for me to draw only limited conclusions on the problems in child rearing and views on levels of service provision which families meeting all the criteria might identify. The study had to shift to a consideration of the experiences and perceptions of a group of mothers who though they might all live in the type of neighbourhood in which I wanted to conduct the research, were facing a broader range of problems which had brought them to the attention of the social services. Any claims I could subsequently make for my research had to be seen in this context.

The problems of access which Burgess identifies also highlight the importance to the research process of what he describes as "gatekeepers". These are "...individuals in an organisation that have the power to grant or withhold access to people or situations for the purpose of research." (Burgess,1984,P.48). I have already described how the gatekeeper in the first organisation which was approached refused to grant this access. Fortunately, gatekeepers in a neighbouring organisation were able to agree to my request to conduct the research. In granting access two conditions were imposed. Firstly, that I should not interview parents whose children were on the borough's child protection register in connection with child sexual abuse. Secondly, that those parents who participated in the study did so on a voluntary basis. Neither condition presented me with any difficulties given the objectives of the study.

However, while Bogdan and Taylor (1975) are right to suggest that the person in charge of an organisation, in this case the Director of Social Services, is usually the person who grants access, this is only part of the situation. As Burgess observes there are different levels of gatekeepers in organisations and access has to be negotiated and re-negotiated with each.

Having obtained the permission of the "senior" gatekeeper, an approach had also to be made to the manager of the borough Child Protection Unit. It was necessary to set out to him the requirements of the research design and to enlist his co-operation and that of his staff, including the busy administrative assistants whose office facilities I was permitted to share for one day a week as I conducted the computer and case-file search. Moreover, the director of social services insisted that when I first met with this manager, the principal planning and research officer in the organisation should also be present to assess the objectives of the study and the arrangements for conducting it.

In order to satisfy these gatekeepers it was necessary for me to have ready a clear account of the purposes and design of the research, one which made sense to all those who would be involved in decisions about access throughout the duration of the study. During my time in the child protection unit it was also important for me to establish a clearly defined role and routine which would enable me to conduct the research in as unobtrusive a way as possible.

However, at the point at which I was ready to identify families with children on the child protection register who could be approached for interview, the manager of the unit left the organisation to take up employment elsewhere. Another manager assumed responsibility for the work of the unit. I discovered that he had not been made aware of my research and so it was necessary to explain again the purposes and requirements of the project to obtain his agreement to proceed.

Once this was achieved it then became necessary to embark upon a fresh set of negotiations with field-work team managers and social workers to secure a list of families which it would be possible to approach. Following the lack of success of this venture, I then approached staff at the Family Centre to enlist their support in sponsoring me into the Women's Group. With their assistance I was also able to negotiate access with the individual women who came forward for interview.

### **Further Ethical Considerations**

A number of ethical issues have been alluded to in the course of this chapter. The centrality of the importance of the subjective experiences of the women comprising the sample group has been an issue for discussion, and how the traditional emphasis of sociological enquiry - the "male paradigm" of "scientism" - needs to be challenged by the researcher if those



experiences are not to be devalued. Related to this have been considerations regarding the relationship between the interviewer and informant, particularly where, as in this research, that relationship may be influenced by gender issues. The need in these circumstances to actively promote the convention of equality and a sense of partnership in the interview relationship, by conveying empathy and respect for the informant and taking seriously the reality of their experience has been highlighted.

The possible conflicts between this convention and that of "comparability" in terms of the need to develop mechanisms for the organisation and interpretation of data have been referred to, as have the problems of accurately recording the perceptions and experiences which are shared with the researcher by the informant.

The need to attend to the mechanics by which one achieves entry to a group of prospective informants and then, as already emphasised, develops the relationships which enable data collection to take place have figured large in this chapter.

The ongoing requirements for the preservation of confidentiality and anonymity with regard to sources of data and in the analysis and presentation of findings has also been a feature of the discussion.

However, there is an arguably larger ethical issue for the researcher engaged with the subject matter of the sort addressed in this study to consider. My research reveals important aspects of the day to day lives of the women who participated in the interviews, and indeed of their children. I discovered that their experiences were characterised by a constant struggle against multiple deprivations and stresses. They faced a range of adversities and hindrances which had the potential to contribute to significant levels of psychosocial stress

in families. As a researcher, I was able to hear about those experiences from the women but then to leave them behind in a way not open to them. For me, this raises major issues about the roles and responsibilities of the social researcher and the purposes of social research.

Where the findings of research reveal disadvantage and oppression in the lives of those who are being studied then the challenge for the social researcher is to make visible those experiences, and to promote a critical evaluation of the social arrangements which give rise to and perpetuate those experiences. The social researcher may not be able to change the world but through empirical study he or she has the capacity to challenge "taken for granted" assumptions and structures and so help to reconstruct social reality. (cf. Harvey 1990). At a time when political debates about social policy and public order are placing the family and the role of parents at centre stage, the need for empirical evidence to assist this reconstruction is essential.

These observations resonate with the observations of Plummer (1983) who as described in the introduction to this thesis, has argued the case for a "humanistic" sociology. One of the tests of this is that: "..there must be self-awareness by the sociologist of the ultimate *moral and political* role in moving towards a social structure in which there is less exploitation, oppression and injustice and more creativity, diversity and equality." (Plummer, 1983, P.5. His emphasis). As such: "We should always ask ourselves what we can *do* on the basis of (research) findings as well as what we can *conclude*." (Sapsford and Abbott 1992, P.95. Their emphasis).

A consideration of these issues serves to deepen the importance of what has been a major theme throughout this discussion of methodology - the notion of basing the research interviews on a sense of "partnership" with the women who participated. The importance of

integrating this ethos into the research methods seems to highlight the need for services for children and families to be based upon similar principles. In terms of their objectives and design, should not these services seek to address the reality of the experiences of socially disadvantaged families as indicated in this study, rather than the agendas of professionals and social agencies?



## **CHAPTER 4**

### **GEOGRAPHICAL CORRELATIONS BETWEEN SOCIAL DEPRIVATION AND HARM TO CHILDREN**

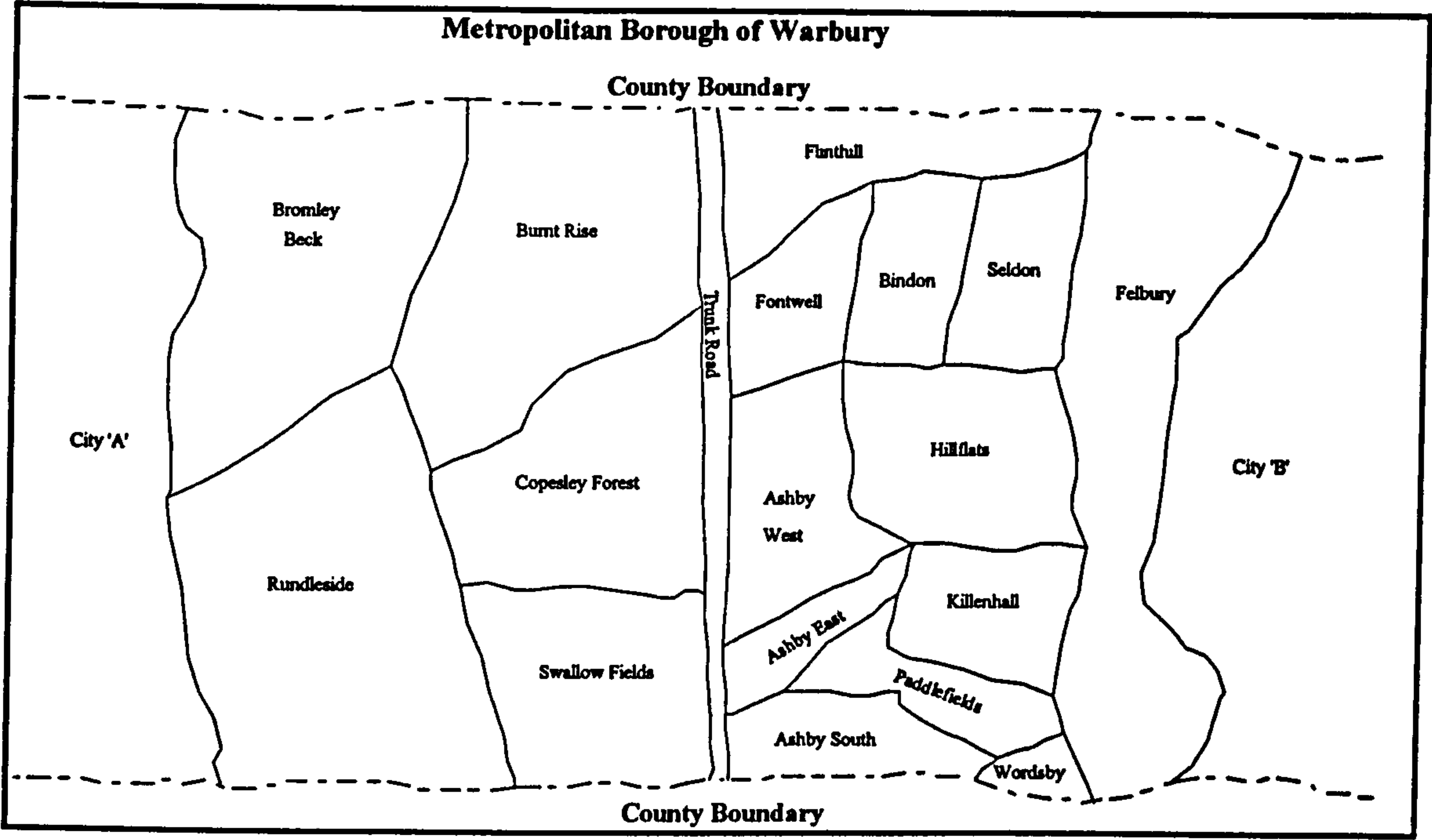
In the next four chapters the findings of the study on which this thesis draws will be presented. In this chapter the results of the investigation of possible geographical correlations between social deprivation and harm to children in one metropolitan borough will be set out. This will make it possible to consider the validity of one of the strands that may link the problems faced by socially disadvantaged parents: social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it is difficult for parents to provide a safe and healthy environment for children. Chapter 4 will commence with a detailed overview of the geographical area in which the study was conducted. The name "Warbury" is used to disguise the identity of this area, as are the names allocated to each of the electoral wards which comprise the borough.

Chapter 5 will set out evidence of links between social deprivation and harm to children within individual families which have had children on the borough's child protection register. Chapters 6, and 7 will be concerned with the results of the study of parent's perceptions and experiences. The net effect of these findings will be to construct a picture, layer by layer, of the nature and possible operation of links between social deprivation and harm to children.

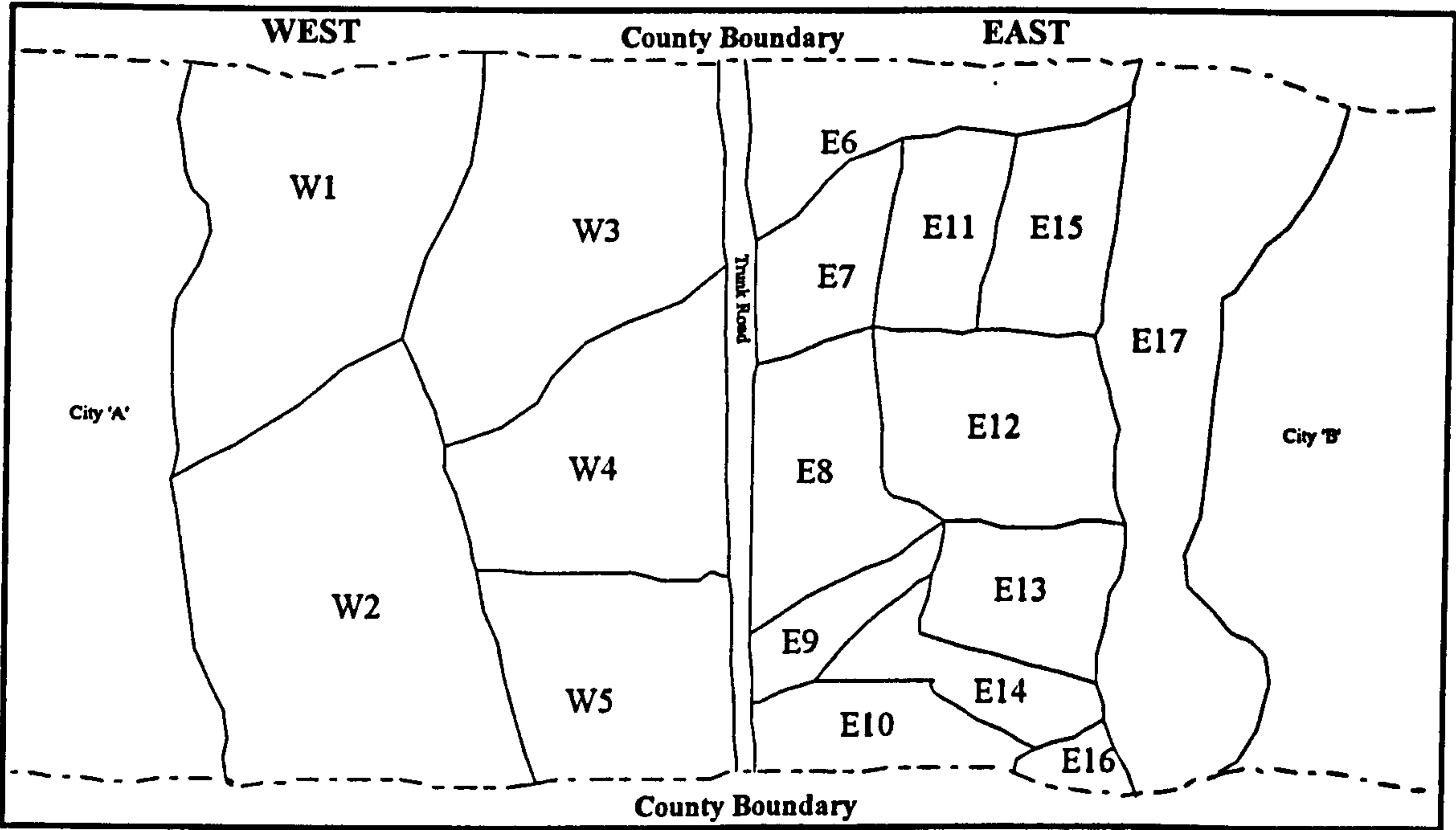
## **A Profile of Warbury**

The 1991 Local Census shows the population of the metropolitan borough of Warbury which lies in the Midlands, to be just under 200,000. It contains just over 76,000 households. There exists a clear geographical and socio-economic divide between the Western and Eastern parts of the borough. Figure 3 presents a map of the borough which is divided into electoral wards. Figure 3a presents the same map but replaces the name of each electoral ward with an identification code. These identification codes will apply to all subsequent maps which present data in this chapter.

**Figure 3. Map Showing Names of the Electoral Wards Within the Borough.**



**Figure 3a. Map Showing Identification Codes of the Electoral Wards Within the Borough.**





For the purposes of clarity, when a ward is referred to in the text its name will be accompanied by its identification code. For example, Rundleside will appear as Rundleside (W2) and Killenhall as Killenhall (E13).

The west of the borough is dominated by the sprawling housing estate of Copeley Forest (W). Local perceptions, both public and professional, view this neighbourhood as encompassing the Burnt Rise (W3) Copeley Forest (W4) and Swallowfields (W5) electoral wards. Thus when people speak of the Copeley Forest neighbourhood they invariably mean these three wards.

By contrast, Bromley Beck (W1) Rundleside (W2) are seen locally as having a separate character and identity. However, as a consequence of post-war "over-spill" policies all of these wards tend to be more closely identified with the large city further to the west from where many families originate, rather than the eastern part of the borough. Many people living in the Burnt Rise (W3) Copeley Forest (W4), and Swallowfields (W5) electoral wards continue to shop and work in that city.

The eastern part of the borough encompasses an urban district which comprises 9 electoral wards, the focal point of which is the town of Warbury from which the borough derives its name. It is bordered by a large rural area, comprising 3 more wards, which stretches towards another city further to the east. Warbury town and its environs are seen as an equally distinctive entity within the borough. The north and south of the borough is bounded by a large county area. (See Figure 3).

The distinctiveness of the composition of the borough is accounted for not simply in terms of its physical dissection by a major trunk road and historical links with neighbouring

districts, but by major contrasts in the socio-economic character of the areas falling on either side of the geographic divide. The 1981 Local Census begins by making some general comparisons between the urban west and the urban east of the borough. It observes that while the borough as a whole compares relatively favourably with much of the region, the overall statistics for the borough tend to obscure differences between electoral wards. Average statistics "...hide very wide differences between areas within the Borough".

Socio-economic indicators set out in the 1991 Local Census confirm the picture painted ten years earlier.

### **Unemployment**

Unemployment stood at 12.7 per cent in the west of the borough in 1991 compared to 5.2 per cent in the east. The widest variation existed between Copeley Forest (W4) electoral ward in the west where unemployment stood at 16.6 per cent and Killenhall (E13) in the east where it was 3.5 per cent. This compares with the national average figure of 9.4 per cent. Male unemployment in the west stood at 16.8 per cent in 1991 compared to 5.8 per cent in the east. Again, these headline figures tend to mask the widest variations which are 20.5 per cent in the Copeley Forest (W4) electoral ward and 3.5 per cent in Killenhall (E13). Female unemployment at this time was 9.3 per cent in the west compared to 3.8 per cent in the east. The greatest disparity here was between Burnt Rise (W3) at 11.5 per cent and Killenhall (E13) at 3.0 per cent.

## **Housing Tenure**

56 per cent of households in the west and 85 per cent in the east are living in owner-occupied accommodation. However, this represents a narrowing of the gap because in 1981, before the impact of the "Right to Buy" legislation was felt, only 38 per cent of the west was in owner-occupation as opposed to 80 per cent in the east. Even so in 1991 it is Killenhall (E13) in the east of the borough which, as in the previous census, enjoys the highest rate of owner-occupation at 94 per cent with Swallowfields (W5) (the lowest in 1981) and Copeley Forest (W4) wards showing at 41 per cent and 40 per cent respectively. The national average for owner-occupation stands at 67 per cent so these wards and indeed the west as a whole remain well below this. By contrast the east is well above the national average.

In fact 70 per cent of the borough's council housing stock continues to be concentrated in the three electoral wards comprising the Copeley Forest (W) neighbourhood, and Rundleside (W2). Figures obtained from Warbury Housing Department indicate the relatively disadvantaged status of households in council rented accommodation. In March 1992, 68 per cent of these households were in receipt of either Income Support or Housing Benefit.

## **Car Ownership**

Car ownership is often taken as a surrogate for income (cf. Townsend, Phillimore and Beattie, 1986) and this reveals similar disparities in the borough.



In 1991 39 per cent of households in the west had no car, in the east just 16 per cent. Nationally, an average of 32 per cent of households have no car so the borough fares relatively better than England as a whole on this indicator.

However, the affluence of the east relative to the west and the presence of significant inequalities between east and west is confirmed by figures for two and three car ownership. For two car ownership this stands at 36 per cent in the east compared to 16 per cent in the west. The national average is 17 per cent. For three cars the figures are 9 per cent in the east, twice the national average, and 3 per cent in the west which is below the national average.

### **Social Class**

There are marked disparities in the social class composition of the borough (social class as measured on the Registrar General's Scale). According to the 1991 Local Census it is estimated that 33.3 per cent of residents in households in the west, as assessed by the economic activity of the head of the household, fall into social classes I, II and III(N). These are professional occupations, managerial and technical, and skilled non-manual occupations. (This last category is sometimes referred to as "routine non-manual" as it contains typists, clerical officers etc.). However, 60 per cent fall into social classes III(M), IV and V. That is, skilled manual, partly skilled and unskilled occupations.

The position is reversed strikingly in the east of the borough. In the rural parts of the east, 82 per cent fall into the three higher social classes as opposed to 17 per cent in the three lowest. In the urban electoral wards in the east the figures are 66 per cent and 32 per cent respectively.

These figures exclude retired people and those serving in the armed forces.

### **Ethnicity**

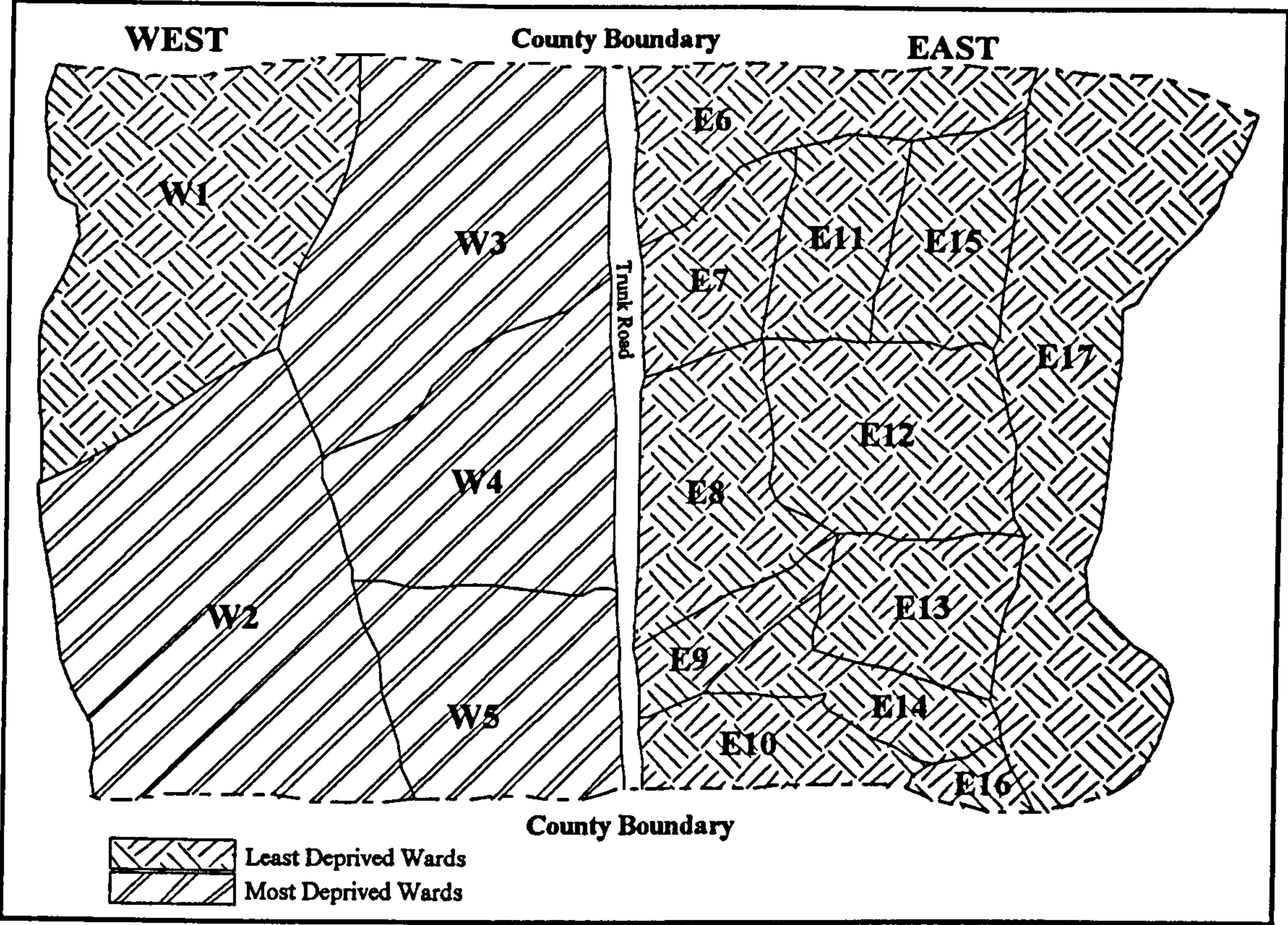
Only 0.7 per cent of the total population in the borough are of African Caribbean origin. This compares with 1.1 per cent in England and 3.3 per cent in the region in which Warbury borough is located. However, the Copeley Forest (W) neighbourhood alone accounts for 54 per cent of the African Caribbean population in the borough. The west of the borough as a whole accounts for 72 per cent of the African Caribbean population. Asian people account for just 1.2 per cent of the total population of the borough, compared with 3 per cent in England and 10 per cent in the region in which Warbury borough is located. However, in contrast to the African Caribbean population 90 per cent of Asian people live in the east of the borough. The Copeley Forest (W) neighbourhood only accounts for 6 per cent of the Asian population, a figure which rises to just 10 per cent for the west as a whole.

\* \* \* \*

On the basis of these indicators, Figure 4 describes the socio-economic composition of the borough, indicating the least socially deprived and most socially deprived electoral wards in the borough.



**Figure 4. Socioeconomic Composition of the Borough - Least and Most Deprived Wards.**

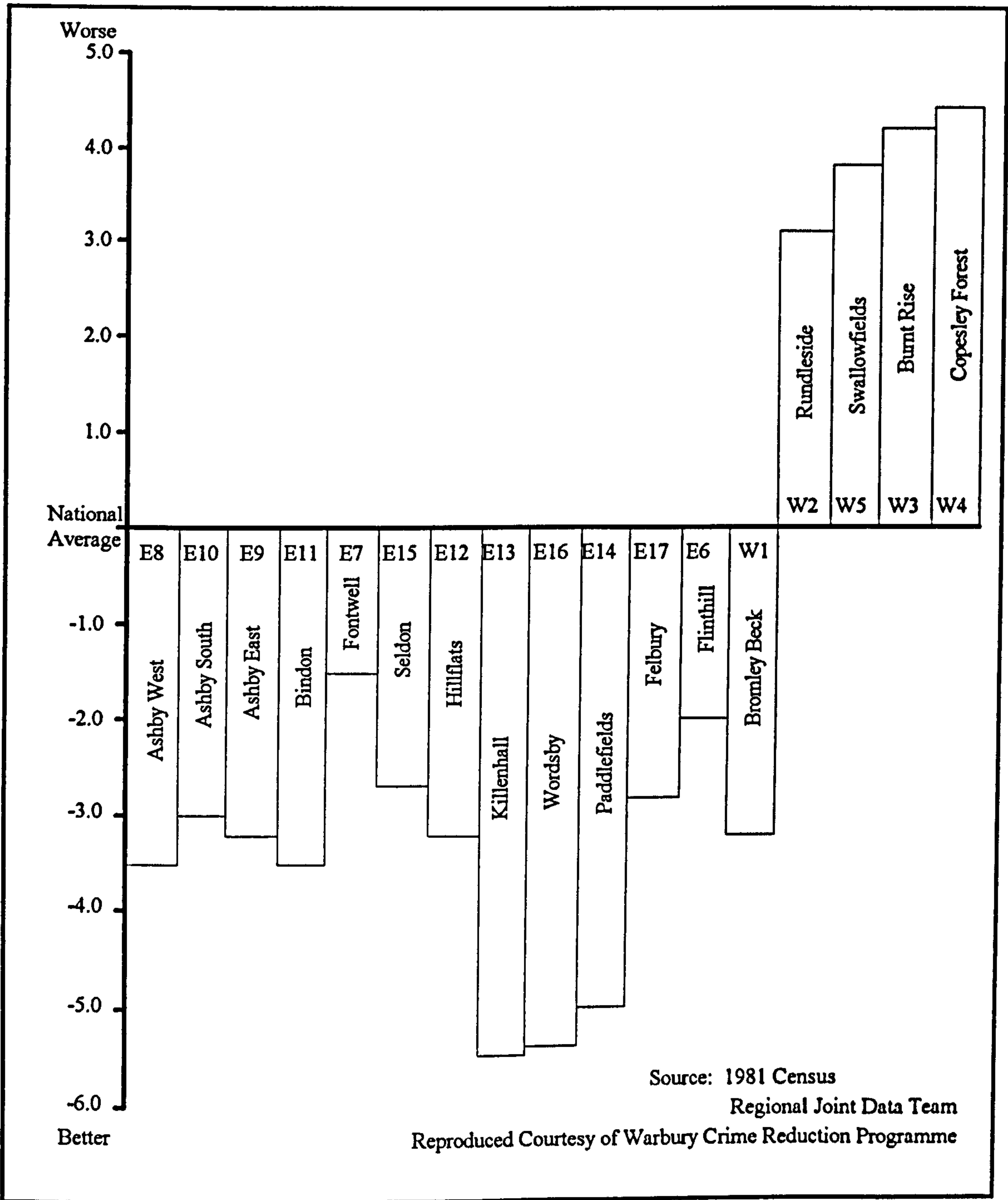


This map confirms the picture presented by an analysis of the 1981 Local Census results undertaken in 1990 by a Crime Reduction Programme operating within the borough. While the data produced by this analysis has yet to be updated to take into account the 1991 Census, the observations made would still seem to hold good.

Drawing on material collated by the Regional Joint Data Team and using an adaptation of the Jarman Score (Jarman 1984) which uses groups of factors abstracted from local census data to identify underprivileged areas, this particular profile has compared relative deprivation and levels of wealth across the borough, measuring deviations from the national average as also indicated in the census. (Chart 1.)



**Chart 1. Relative Deprivation by Ward Compared to National Average  
(Percentage Score)**



Caution is needed when assessing the findings of this profile. The Jarman 8 index uses eight indicators to score underprivileged areas. These indicators are the percentage of the population who:-

- are older people living alone
- are children under 5 years
- are lone parents
- are unskilled people (Social Class V)
- are unemployed people
- belong to an ethnic minority
- live in overcrowded conditions
- have moved house in the previous year

These "deprivation variables" are converted into a standardised score or "z score" which measures deviations from the "normal curve" - "the distribution which would be expected if the behaviours and experiences of individuals were randomly distributed with respect to the indicators." (Abbott, Bernie, Payne and Sapsford 1992). In statistical terms therefore, the z score "normalises" the deprivation indicators so that a high positive score (above zero) means that a ward is more deprived than the (national) average and a high negative score (below zero) is less deprived.

However, as Abbott, Bernie, Payne and Sapsford point out, there are a vast range of deprivation indicators available as tools for analysis, and similar measures to the Jarman

scale (for which z scores have also been calculated) have been developed by other researchers e.g. Townsend (1986). He has argued that while all these measures tend to point in the same direction, some of the indicators used are not *direct* indicators of social deprivation. Single parent families, older people living alone, being a household whose head is in social class V, being an ethnic minority household may all be indicators of people at *risk* of experiencing material deprivation insofar as statistically the probability of deprivation is greater if one is in such a category, but not all such households are deprived. As Abbott et al (1992) explain, we should not assume that being elderly, for example, is in itself indicative of deprivation. There will be examples of older people who live alone but who are materially privileged relative to their peers. This observation may apply to other categories used in the Jarman scale.

These qualifications accepted, the application of the Jarman scale to the borough of Warbury and the calculation of z scores, indicates the presence of significant socio-economic inequalities. While taking into account the fact that the housing stock is in better condition than the national average with fewer people living in overcrowded conditions and fewer houses lacking basic amenities, a gap of 10 points on the z score was found by the Warbury Crime Reduction Programme to exist between the Killenhall (E13) ward in the centre of Warbury town and Copeley Forest ward (W4) in the west. Chart 1 illustrates the relative deprivation by ward within the borough as compared to the national average. Those wards appearing above the horizontal line, which denotes this national average are the most deprived, those appearing below are the most advantaged.

With regard to the disparity between Killenhall (E13) and Copeley Forest (W4) ward, the author of the Warbury Crime Profile observes:



**"The implications of this gap for residents of both wards are far reaching, not only in the relative levels of economic power and control, but also in levels of understanding. It must be difficult for a resident of (Killenhall) to comprehend what life is like for a resident of (Copsley Forest) and vice versa. Similarly the gap in material wealth and provision must affect how the relatively affluent (east) is regarded by the deprived (west). For 'most deprived' wards the provision of services by the Borough Council becomes a key issue, simply because access to privately funded facilities is denied them, either because of the prohibitive cost of transport or simply the cost of entry." (Warbury Crime Reduction Programme 1990).**

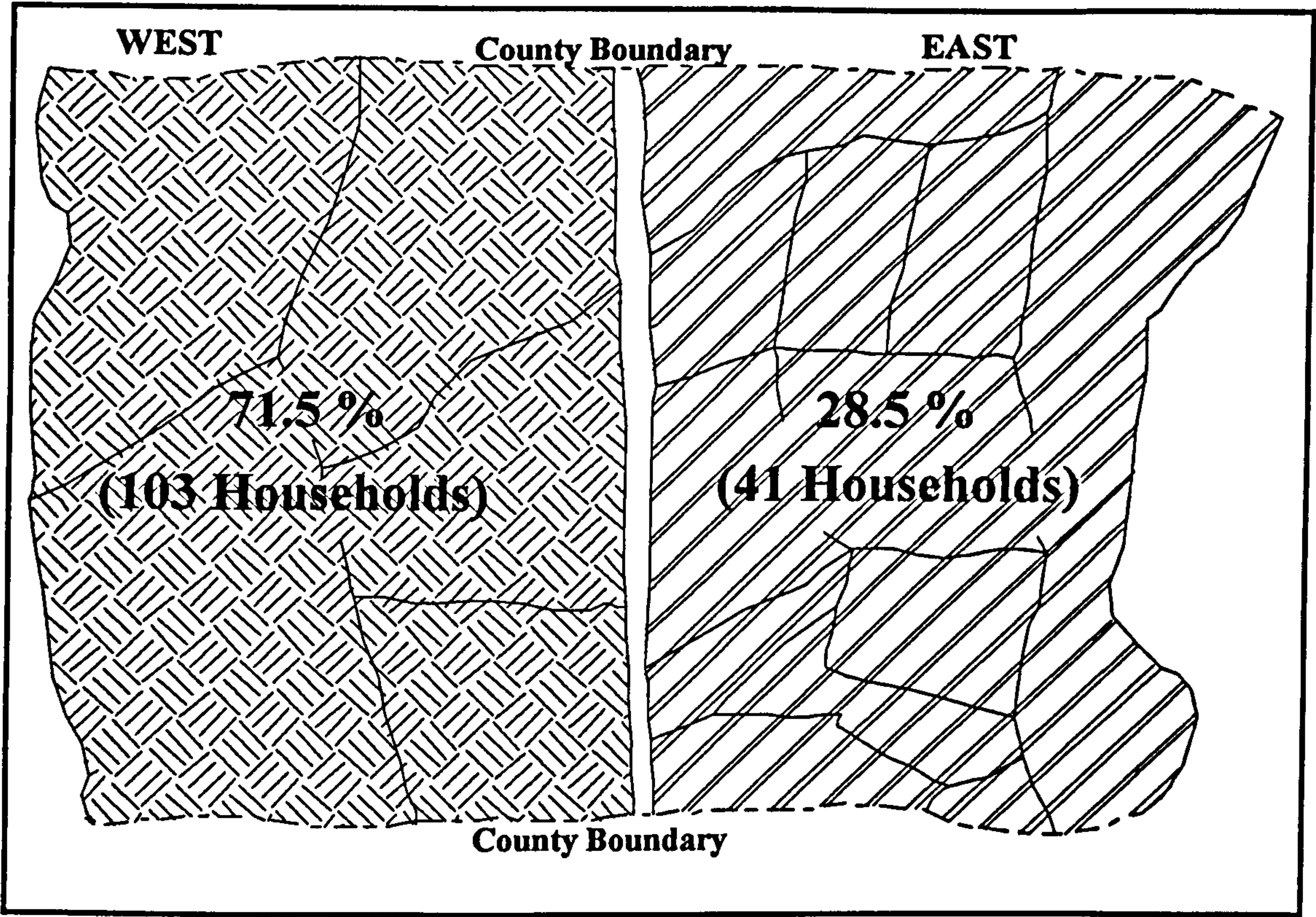
## **Testing for the links between harm to children and social deprivation within neighbourhoods**

### **(a) Results of the Mapping Exercise**

The mapping exercise revealed a clear imbalance between the number of households with a child or children appearing on the Child Protection Register living in the west of the borough and those living in the east.

Of the 144 households 103, or 71.5 per cent, fell within the west and 41, 28.5 per cent, fell within the east. This is despite the fact that 69 per cent of all households with one or more children, and 68 per cent of all the children in the borough aged 0 to 15 years live in the east. It might have been expected that more cases would show up in this part of the borough given the higher proportion of children living there. This distribution of cases is illustrated by Figure 5.

**Figure 5. Distribution of Households with Children on the Child Protection Register, All Abuses.**



Even when cases involving child sexual abuse are removed from the calculation the pattern of distribution remains very much the same. There is a slight increase in the proportion of households falling within the west: 72.5 per cent as opposed to 27.5 per cent in the east (see Figure 6). Even though child sexual abuse was not the main focus of this survey, its pattern of distribution broadly mirrors the trends in other forms of abuse.



**Figure 6. Distribution of Households with Children on the Child Protection Register, Excluding Child Sexual Abuse.**

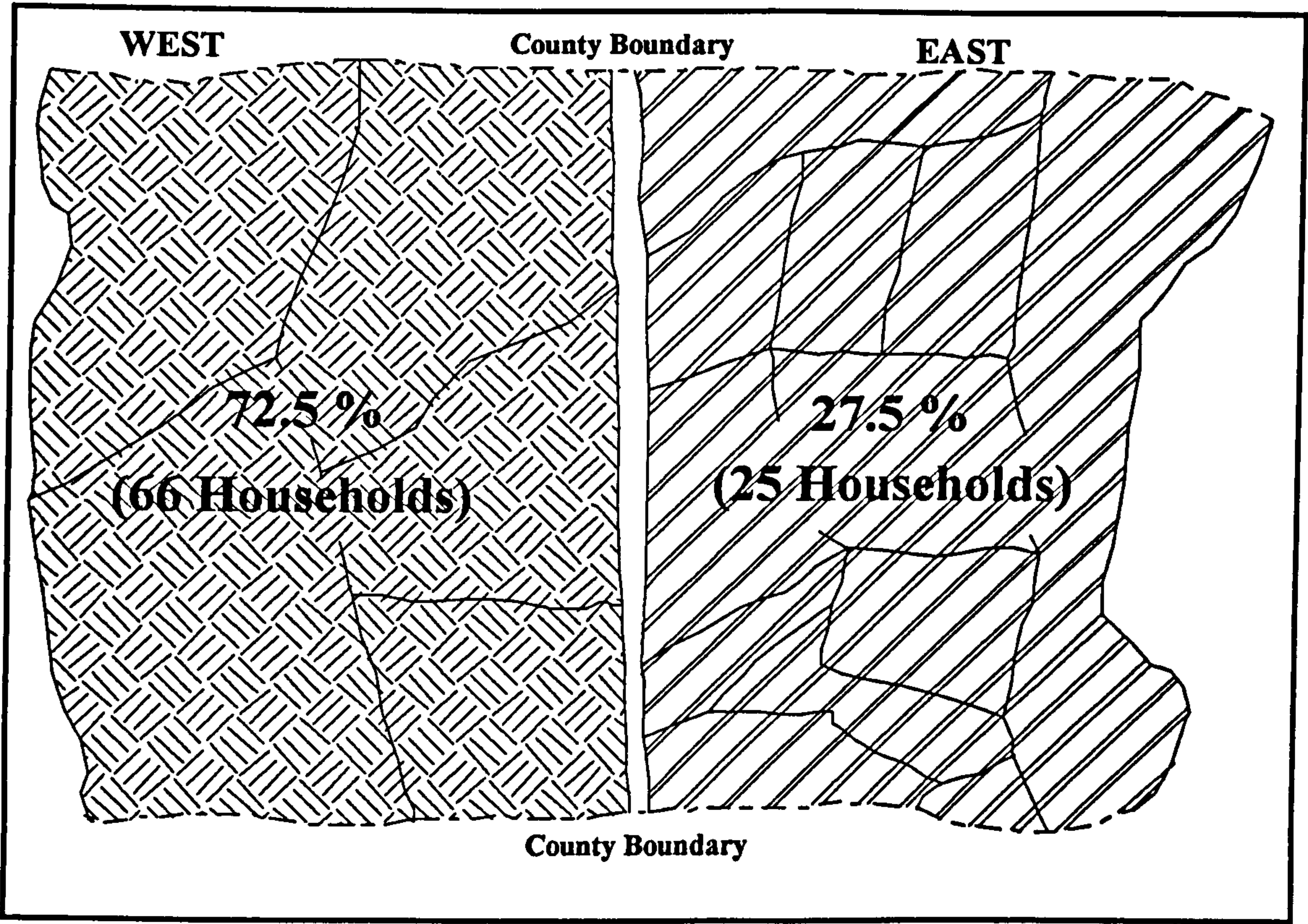
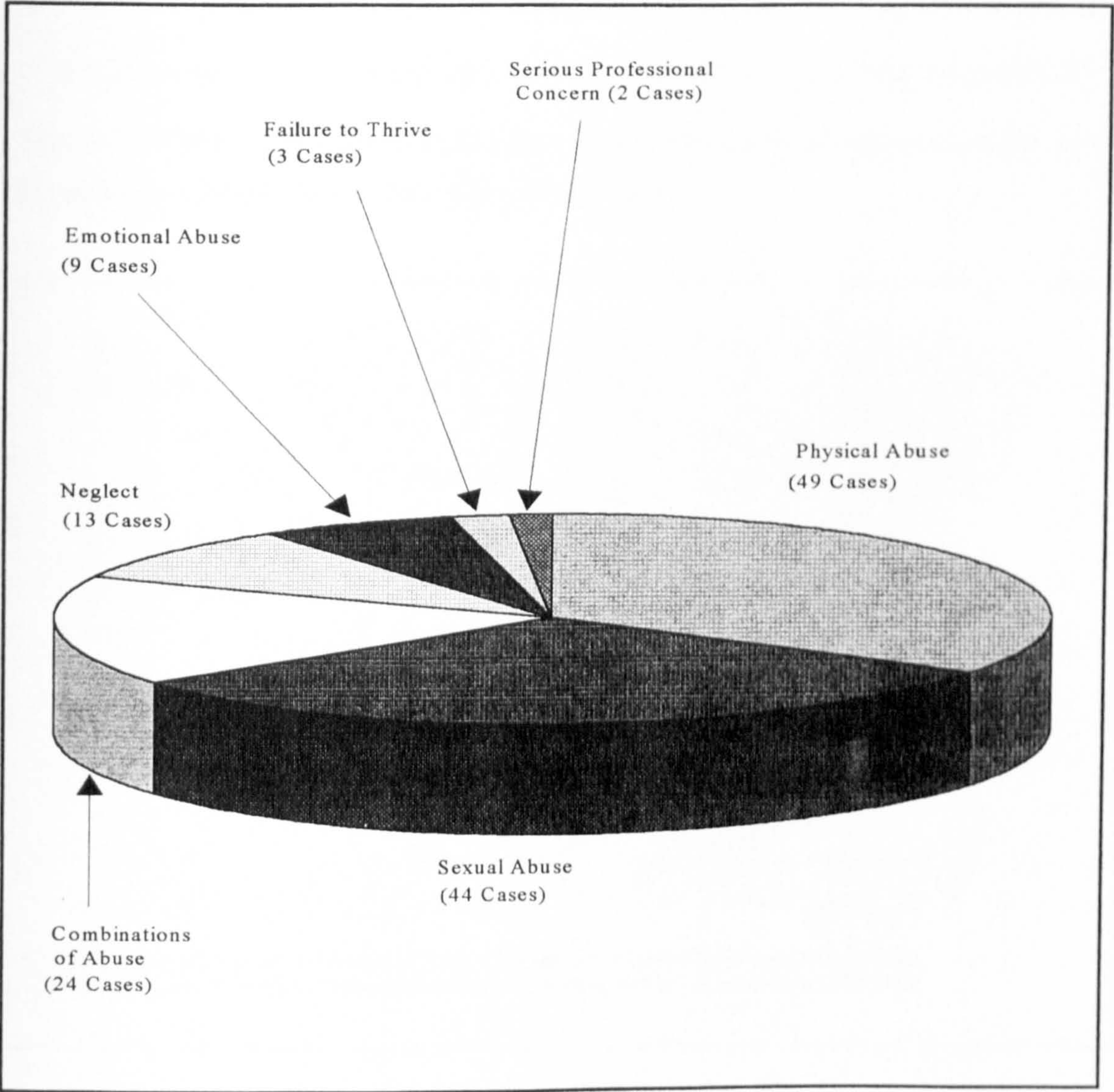


Chart 2 breaks down the 144 cases that were examined according to category of abuse. (This data is also presented in tabular form in appendix 8).



**Chart 2. Categories of Cases of Child Abuse Across the Borough**



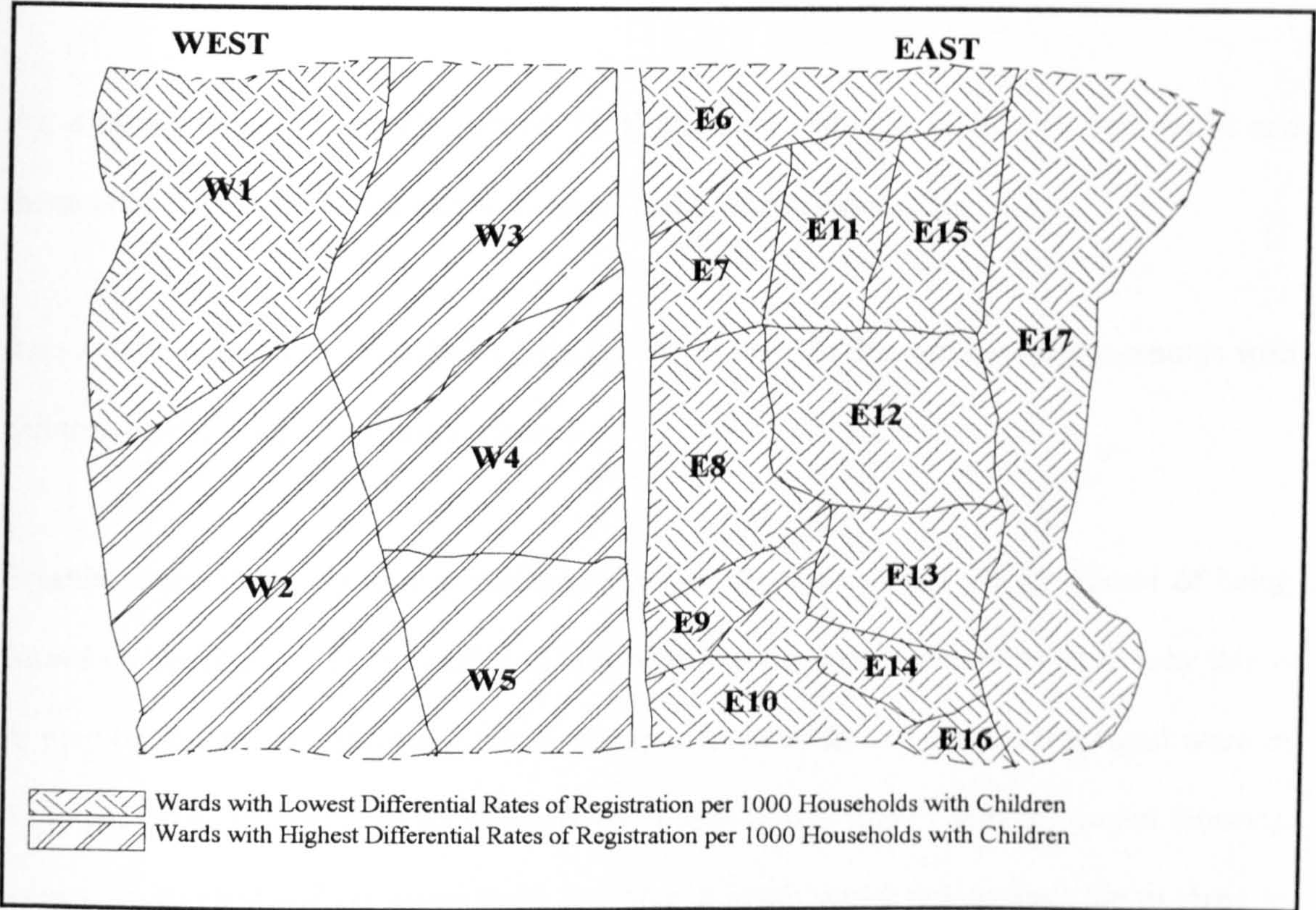
In the interests of clarity, detailed findings relating to the distribution of cases of child abuse other than sexual abuse will be presented first. The effects on the overall picture, when findings on the distribution of child sexual abuse cases are included, will be analysed later.

Disparities in the distribution of cases across the borough are thrown into sharper relief when the differential rate of registration per 1000 households with children is considered. Figure 7 presents the picture for all forms of child abuse except sexual abuse according to



each electoral ward. (To calculate this the number of households with a child or children on the child protection register in each ward was divided by the total number of households with children in the ward {source: 1991 Local Census} and multiplied by 1000. Full details of these calculations are presented on a ward by ward basis in tabular form in appendix 8).

**Figure 7. Wards with Highest and Lowest Differential Rates of Registration Per 1000 Households with Children. Excluding Sexual Abuse.**



The differential rate of registration per 1000 households with children in the whole of the west of the borough (i.e. the total number of households with children living in the west divided by the total number of households with children on the register in the west, multiplied by 1000) was found to be 9. To the east (using the same calculation) it was 1.5.

On this basis, a family living in the west has just over a six times greater chance of having a child or children placed on the child protection register than a family living in the east.



However, even this fails to convey the full extent of the disparities between west and east, which are revealed when some of the highest and lowest scores are compared.

A family living in the Rundleside (W2) electoral ward has according to this calculation nearly a 24 times greater chance of having a child on the register than a family living in Wordsby (E16), and an eight and a half times greater chance than a family in Killenhall (E13).

For a family living in Copseley Forest (W4) electoral ward the difference between it and these same two wards in the east is 17 times and 6 times respectively.

It should be noted that Paddlefields (E14) electoral ward in the east has no households with children on the child protection register.

Bromley Beck (W1) is the only electoral ward in the west where the likelihood of being placed on the register is comparable to households in the east. Indications as to why this is so may be found in its socio-economic character. It is by far the most advantaged ward in the west. On all indicators of social deprivation used in this study - unemployment, housing tenure, social class and car ownership - it scores at levels which are comparable to those in wards located in the east of the borough.

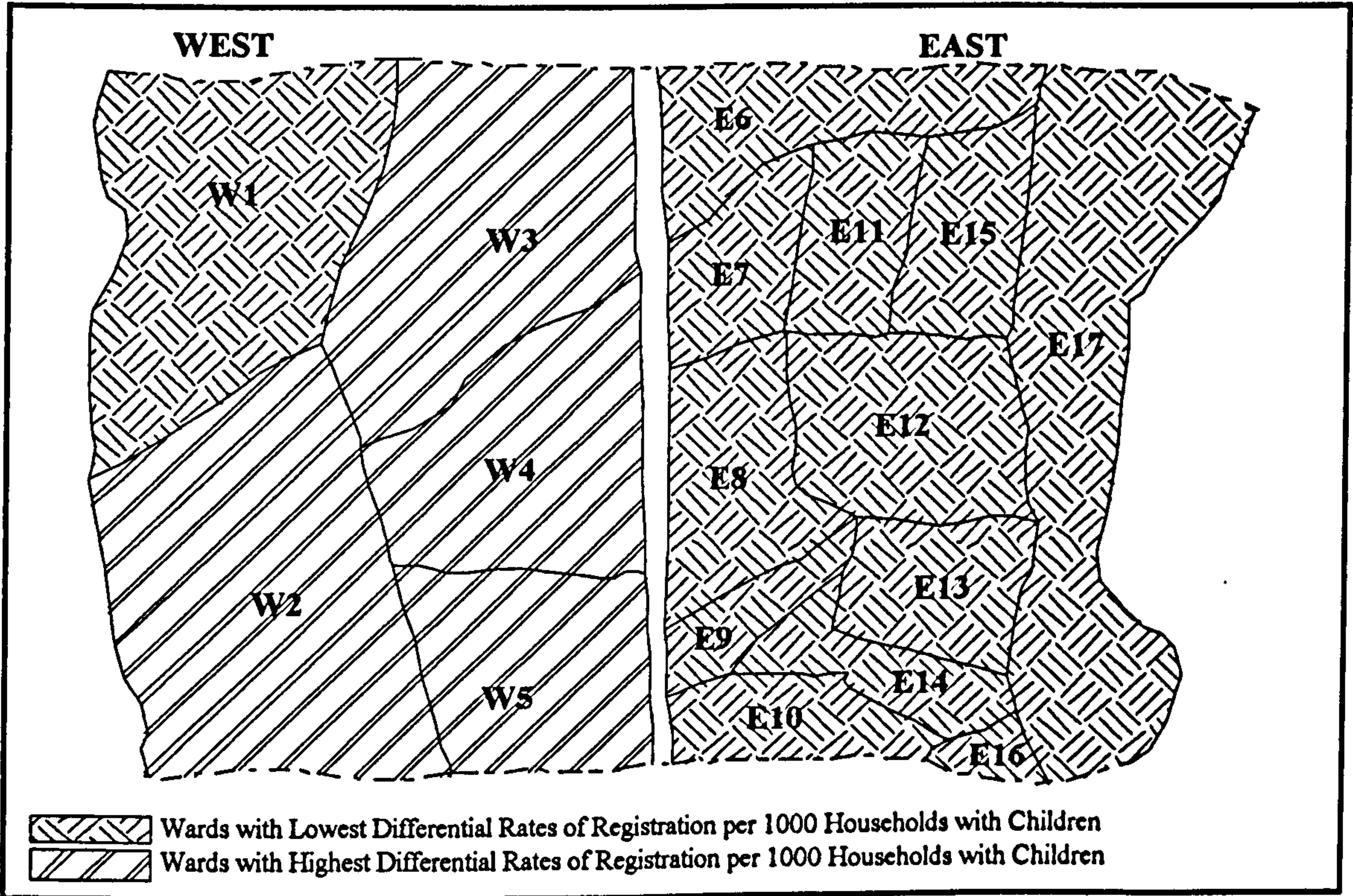
It might have been expected that when cases of child sexual abuse are brought into the equation then the divergences described above would be less marked. (These cases accounted for 31 per cent of the 144 cases which were examined.) The theoretical discussion drew attention to arguments that social class factors may be less significant than gender issues in the aetiology of child sexual abuse (Chapter 1). However, this study produced evidence to support the findings of Sedlak (1993) who found that correlations



appear to exist between social deprivation and all forms of reported child abuse including sexual abuse.

Figure 8 presents the borough-wide picture when the distribution of households with children placed on the register for all forms of abuse, including child sexual abuse, is taken into account. (As before, full details of these calculations are presented in tabular form on a ward by ward basis in appendix 8).

**Figure 8. Wards with Highest and Lowest Differential Rates of Registration Per 1000 Households with Children. All forms of Child Abuse.**



With sexual abuse cases included in the calculation, the total differential rate per 1000 households with children on the child protection register in the whole of the west was found to be 13.7 and 2.4 in the east.

Thus a family living in the west of the borough, when cases of sexual abuse are also taken into account, has just over a five and a half times greater chance of having a child placed on

the child protection register than a family in the east of the borough. This is only slightly less than when sexual abuse cases are removed from the calculation.

However, once again these figures fail to convey the extent of the disparities between individual electoral wards in the west and east, which are revealed when some of the highest and lowest scores are compared.

According to these revised figures, a family living in the Rundleside (W1) or Copseley Forest (W4) electoral wards has just over a 31 times greater chance of having a child placed on the register than a family in Wordsby (E16).

A family living in the same two western wards has an 11 times greater chance of having a child placed on the register than a family in Killenhall (E13). These divergences are even greater than those indicated by figures which exclude child sexual abuse cases from the calculation.

\* \* \* \*

As described in the previous chapter, since this study was conducted the Warbury Area Child Protection Committee has begun to collate data relating to the registration of children on the local Child Protection Register. This information is included in the A.C.P.C annual report submitted to the Department of Health, which since 1991 has taken over responsibility from the N.S.P.C.C for compiling national statistics. Each quarter the A.C.P.C considers information relating to the numbers of children registered, the categories of abuse into which they fall and most crucially for this study, a breakdown of the electoral wards in which the children live.

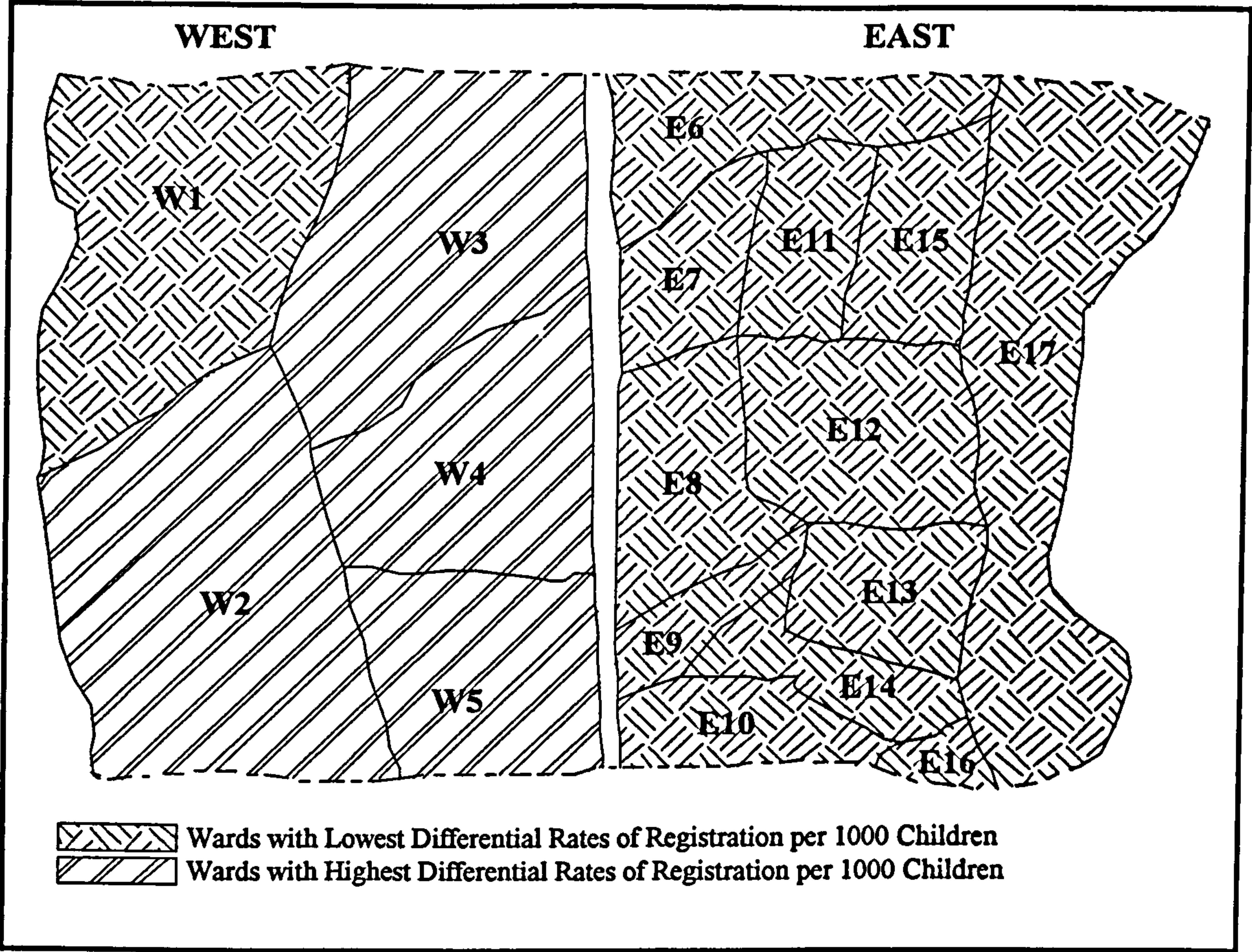
Using this data it was possible to supplement the findings of my own study by providing further evidence of child abuse trends in the borough, but this time using a differential rate of registration per thousand *children* aged between 0 and 15 years living in each ward as opposed to the differential rate of registration per 1000 *households* with children in each electoral ward as in my survey.

As described in the previous chapter, figures relating to children placed on the register over the period December 1991 to August 1992 were aggregated according to each ward on a month by month basis, and divided by nine to give an average number of children from each ward placed, or remaining, on the register each month. This figure was divided by the number of children aged 0-15 years living in each ward (source: 1991 Local Census) and multiplied by 1000.

Although the A.C.P.C figures do not cross-reference type of abuse with the geographical location of each child, so it is not possible to separate out sexual abuse cases in the way I have been able to do in my own survey, the findings confirm the patterns of distribution across the borough revealed by my survey of households with children on the child protection register. This is demonstrated in Figure 9. (See appendix 8 for detailed calculations).



**Figure 9. Wards with Lowest and Highest Differential Rates of Registration per 1000 Children.**



Although on the basis of these figures there are shifts within each side of the borough, the patterns of distribution between west and east are broadly similar. The west of the borough accounts for 66 per cent of all the children aged 0-15 years on the child protection register, with the three wards which comprise the Copseley Forest (W) neighbourhood accounting for 35 per cent alone. This percentage of children is slightly higher than exists for the whole of the east of the borough (34 per cent).

However, it is Burnt Rise (W3) ward rather than Rundleside (W2) or Copseley Forest (W4) wards which accounts for the highest differential rate of registration per 1000 children. Bromley Beck (W1) repeats the trend of being the only ward in the west which has a lower

differential rate than some in the east. Its unique socio-economic characteristics vis a vis the west of the borough have already been highlighted.

On the basis of these figures a child living in the west of the borough has a 4 times greater chance of being placed on the child protection register than a child in the east.

This rises to 22 times for a child in Burnt Rise (W3) ward compared to a child in Wordsby (E16), and 11 times between a child in Burnt Rise (W3) and one living in Killenhall (E13). As in my survey, the A.C.P.C statistics show that there are no children living in Paddlefields (E14) on the child protection register.

Once again there are major disparities between electoral wards in the west and east of the borough.

The findings of this follow-up survey are important because they show that two different studies with probably very different inbuilt biases came up with very similar results. This replication of results strengthens the validity of my findings.

The mapping exercise revealed more detailed data about patterns of distribution of households with children on the register according to different categories of abuse, and these are now summarised.

### **Other findings from the mapping exercise**

As Chart 2 demonstrates physical injury to children is the largest single category of abuse across the borough as a whole. It is the largest single category of abuse in the Copeley Forest (W) neighbourhood [i.e. the three electoral wards of Burnt Rise (W3), Copeley



Forest (W4) and Swallowfields (W5)] and Rundleside (W2) but the second largest in the east after sexual abuse. Physical Injury also occurs in combination with almost every other form of abuse.

Child Sexual Abuse constitutes the next largest category across the borough as a whole. In the Copeley Forest (W) neighbourhood, which scores high on indices of social deprivation, this form of abuse is also found in combination with other forms of abuse, a phenomenon not found elsewhere in the borough. In fact of these 9 cases, 7 fall in the Copeley Forest (W4) electoral ward, 1 in Burnt Rise (W3) and 1 in Swallowfields (W5). The figures for sexual abuse encompass actual, suspected or "potential" abuse, the last being seen as particularly important by the authorities where a known perpetrator of sexual abuse, quite possibly someone already convicted of sexual offences against children, had moved into a household where children were living or he was in regular contact with the family.

16 households with children registered by reason of emotional abuse or situations containing an element of this are to be found in the west of the borough, 7 in the east. Of those situations containing a combination of abuses it is emotional abuse mixed with physical abuse which constitutes the single largest group, and most of the households with children falling into this category live in the relatively disadvantaged west.

Households in which child neglect is perceived as having taken place either alone or in combination follow the same pattern i.e. falling mainly in the poorest wards. This is a category which the theoretical discussion highlighted as having a particularly strong relationship with social deprivation. As described in Chapter 1, in its survey of national statistics on child abuse trends the N.S.P.C.C found that 77 per cent of the families with



children registered by reason of neglect between 1983-87 were in receipt of supplementary benefits (Creighton and Noyes 1989).

15 of these households (79 per cent) are to be found in the west, 4 (21 per cent) in the east. 9 of the households in which children are categorised as neglected live in the Copeley Forest (W) neighbourhood, evenly matched across its constituent wards. 5 neglect situations are to be found in Rundleside (W2). One situation of non-organic failure to thrive is found in the Copeley Forest (W) neighbourhood, one in Rundleside (W2) and one in the east of the borough.

All the data produced by the mapping exercise therefore points to a significant imbalance in the distribution of child abuse between the west and east of the borough. Viewed in the context of the profile of the borough which highlighted the relatively disadvantaged status of the west of the borough compared to the east, these findings indicate a correlation between social deprivation and child abuse and neglect.

More detailed profiling of neighbourhoods opens up the prospect of a deeper analysis of the linkage between these two sets of data.

### **(b) Results of the Neighbourhood Profiling Exercise**

6 electoral wards were selected for more detailed profiling and comparison.

3 were from the west of the borough: Rundleside (W2) electoral ward, Copeley Forest (W4) electoral ward and Swallowfields (W5) electoral ward. 3 were from the east: Killenhall (E13), Paddlefields (E14) and Wordsby (16) electoral wards.

These particular wards were selected because they represent the three "best" and the three "worst" in the metropolitan borough of Warbury. "Best" in the sense that the three wards from the east each exhibited a rate of child protection registrations per 1000 households with children which were amongst the lowest in the borough. (Paddlefields does not even have any households with children on the register). "Worst" in the sense that the three wards from the west each exhibited a rate of child protection registrations per 1000 households with children which were the highest in the borough.

Charts 3 - 6 make it possible to compare these electoral wards using a series of indicators of social disadvantage. The figures used to construct these charts are presented in tabular form in Appendix 8

Chart 3 Car Ownership in 3 'Best' and 3 'Worst Electoral Wards.

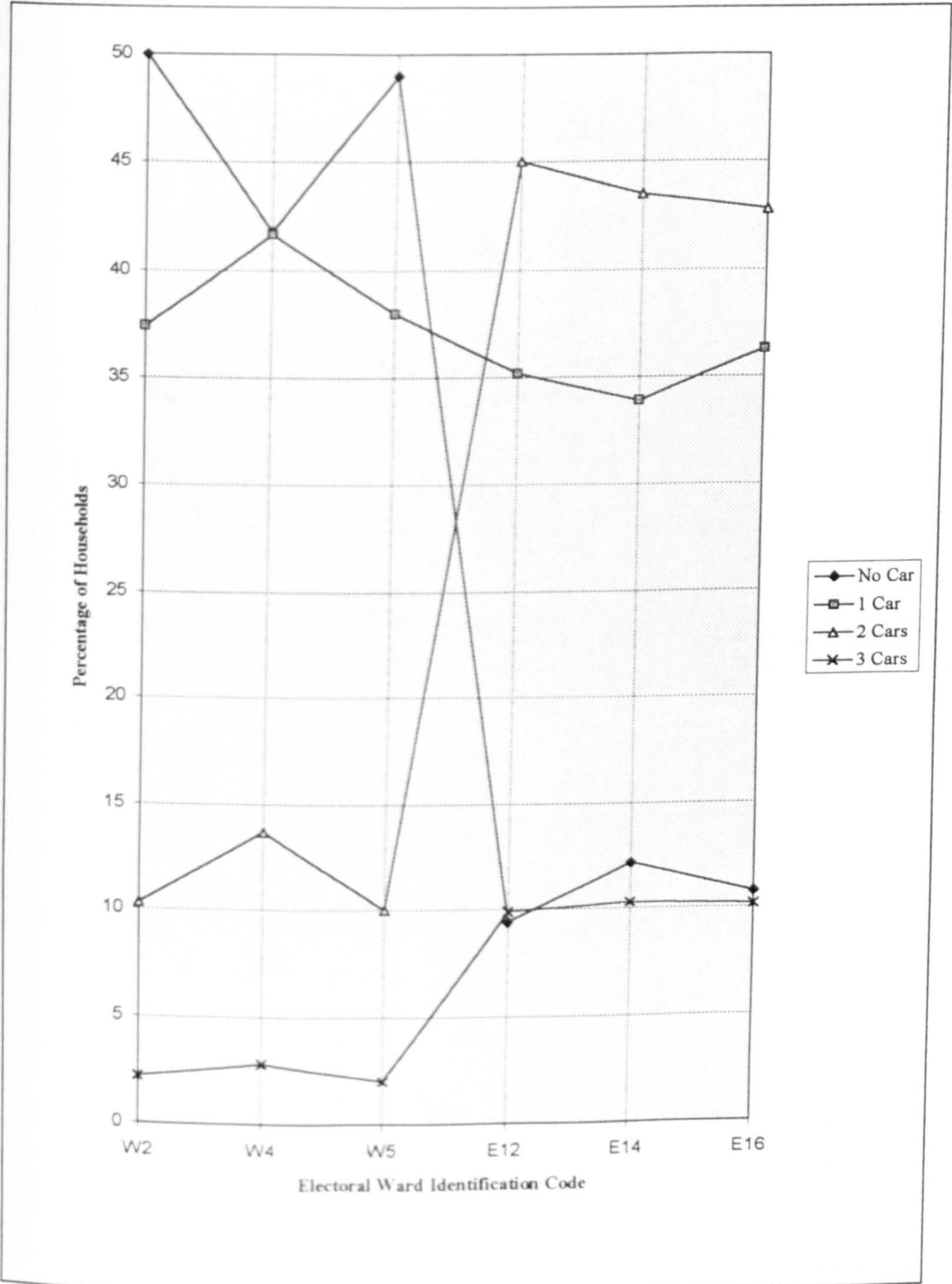




Chart 4. Social Class in 3 'Best' and 3 'Worst' Electoral Wards.

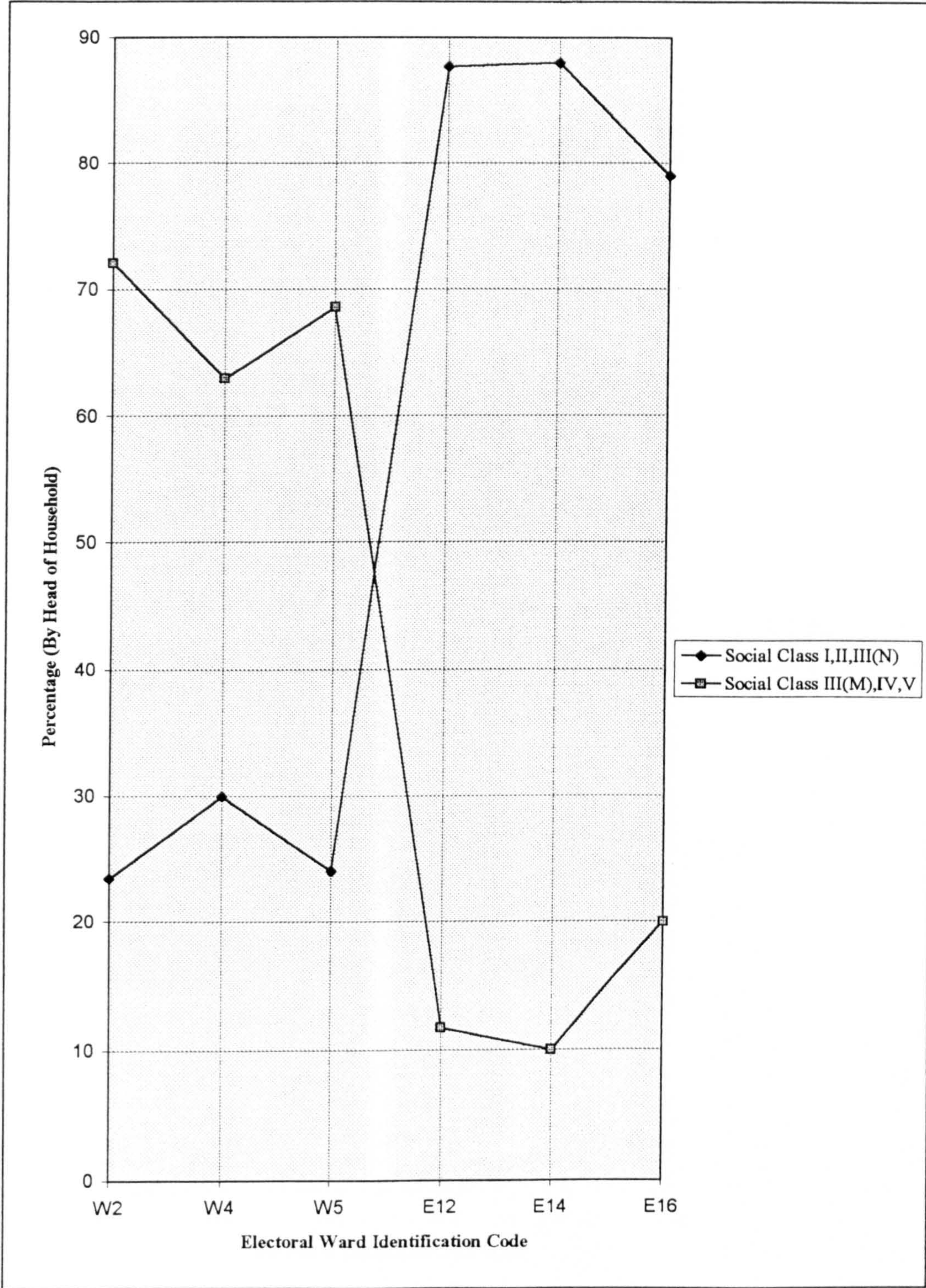
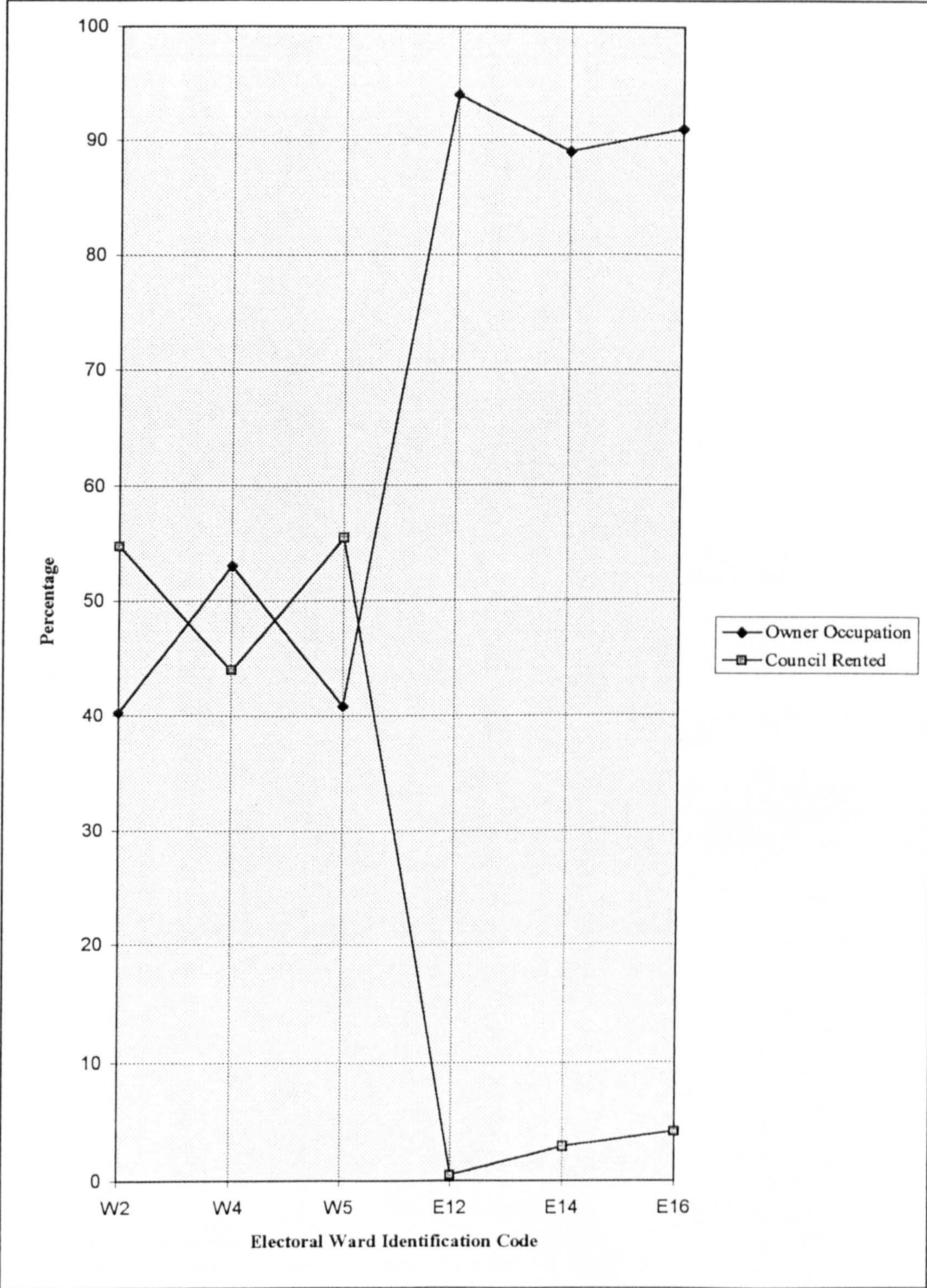


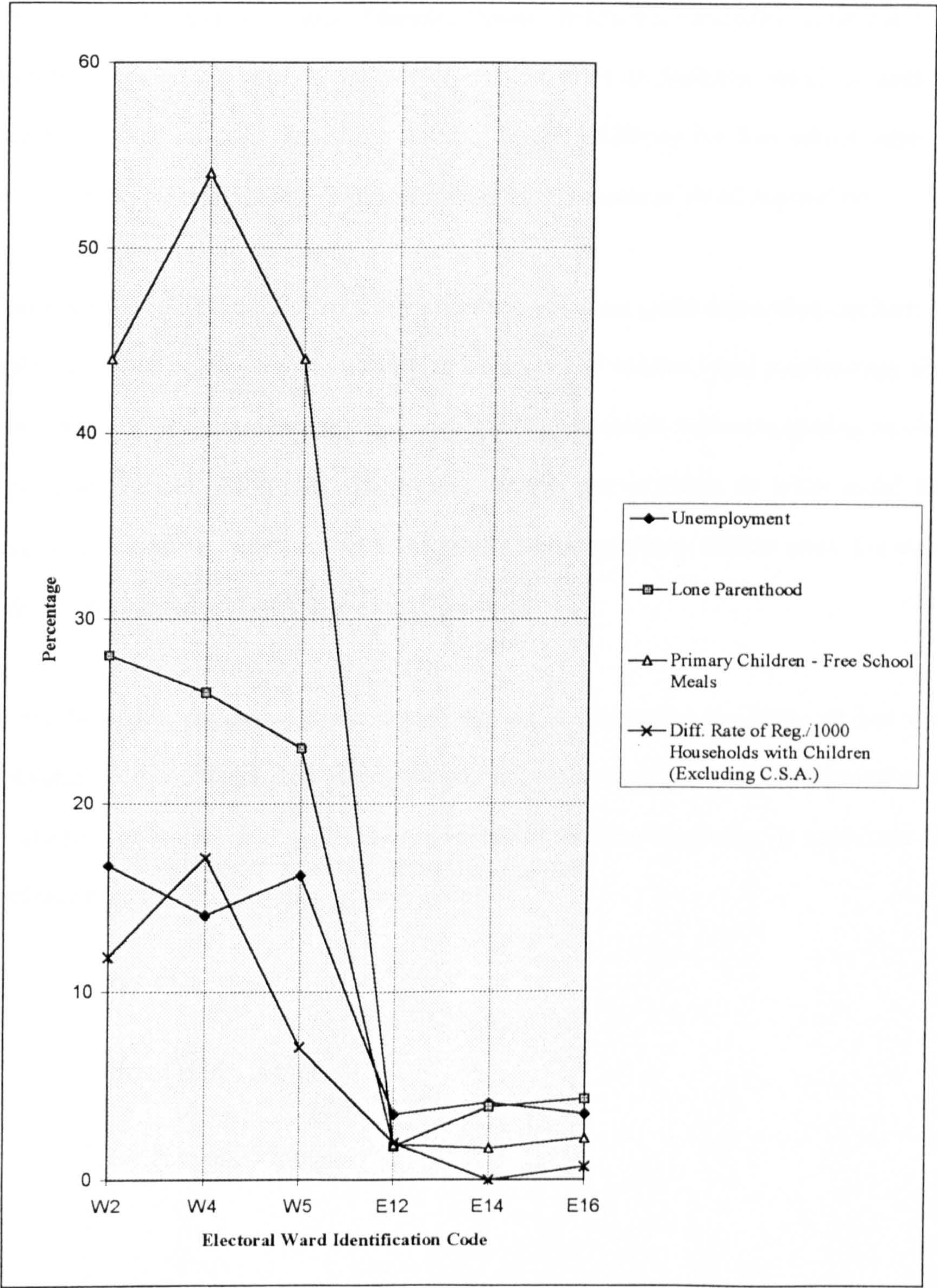


Chart 5. Home Ownership - 3 'Best' and 3 'Worst' Electoral Wards





**Chart 6. Neighbourhood Profiles - 3 'Best' and 3 'Worst' Electoral Wards - Other Indicators.**





Levels of lone parenthood and take up of free school meals are included in these indicators. Given the relative lack of economic activity of lone parents as a consequence of poor job opportunities, a lack of child care facilities and reliance for income on social benefits which are inadequate to meet the needs of families (Kumar 1993), it is reasonable to refer to lone parenthood as an indicator of relative deprivation. It is an indicator which is used to calculate scores on both the Jarman and "Z" scales. Eligibility for free school meals is related to low parental income so it is an equally valid measure of social deprivation.

These profiles confirm the existence of a correlation between social deprivation and harm to children. Where neighbourhoods score high on indices of relative social disadvantage then this is matched by correspondingly high clusters of families with children appearing on child protection registers. Moreover, the profiles confirm the existence of gross social and economic inequalities between poorer neighbourhoods and more affluent ones. On every indicator the disparities which are revealed are huge.

In the theoretical discussion it was argued that social deprivation has links not just with child abuse but also wider child care problems. The presence of general prevalence of harm to children of which child protection registrations are one dimension, is supported by evidence from this study relating to three issues:-

- (a) Child Health
- (b) Children in Care
- (c) Juvenile Offenders



### **(a) Child Health**

A number of studies have shown that good health varies between social classes (cf. Townsend and Davidson 1982, Moser, Fox and Jones 1986, Wilkinson 1986, Townsend 1986, MacIntyre 1986, Marsh and Channing 1986, Whitehead 1988). Such studies are usually based on Census/O.P.C.S measures. However, Brooks (1984) has investigated whether known health differences between social classes are replicated in the west and east of Warbury Metropolitan Borough by looking at the health of particular children.

Her study concentrated on children aged 1 and 5 years and used the school medical entrance examination to provide a series of health indicators. The survey was based on a sample of 881 school children in the west and 898 in the east. The sample schools were located in Rundleside (W2) and the Copseley Forest (W) neighbourhood [i.e. the three electoral wards of Burnt Rise (W3), Copseley Forest (W4) and Swallowfields (W5)], Killenhall (E13), Paddlefields (E14) and Wordsby (E16)

It was found that 53.8 per cent of children in the sample schools in the east were free from all defects. Only 37.3 per cent of children in the sample schools in the west presented a similar freedom from pathology. When the "best" and "worst" results are taken, a school in Wordsby (E16) produced 67.7 per cent children who were symptom-free while a school in the Copseley Forest (W) neighbourhood had only 29.7 per cent of children perfectly normal on examination. Brooks concludes that the most advantaged children are almost 2.5 times more likely to be symptom-free on school entry than the most disadvantaged. Moreover, children in the west are much more likely to exhibit more than one symptom to the extent that 60 per cent of all defects identified in this survey were presented by western children.



Brooks describes the types of defects which the children experience. She found that children in the west demonstrated environmentally-related diseases in greater numbers. They were almost twice as likely as eastern children to suffer from ear conditions and almost three times as likely to suffer from respiratory problems. They were almost four times more likely to suffer from nocturnal enuresis whilst behavioural difficulties were five times more common in children from the west. The study also found that health problems for children in the west tend to be more long-standing and less susceptible to treatment.

On this basis Brooks concludes that the known correlations between social class and health are replicated in Warbury. The consequence of this is that children living in the poorest wards face considerable barriers to achieving healthy development.

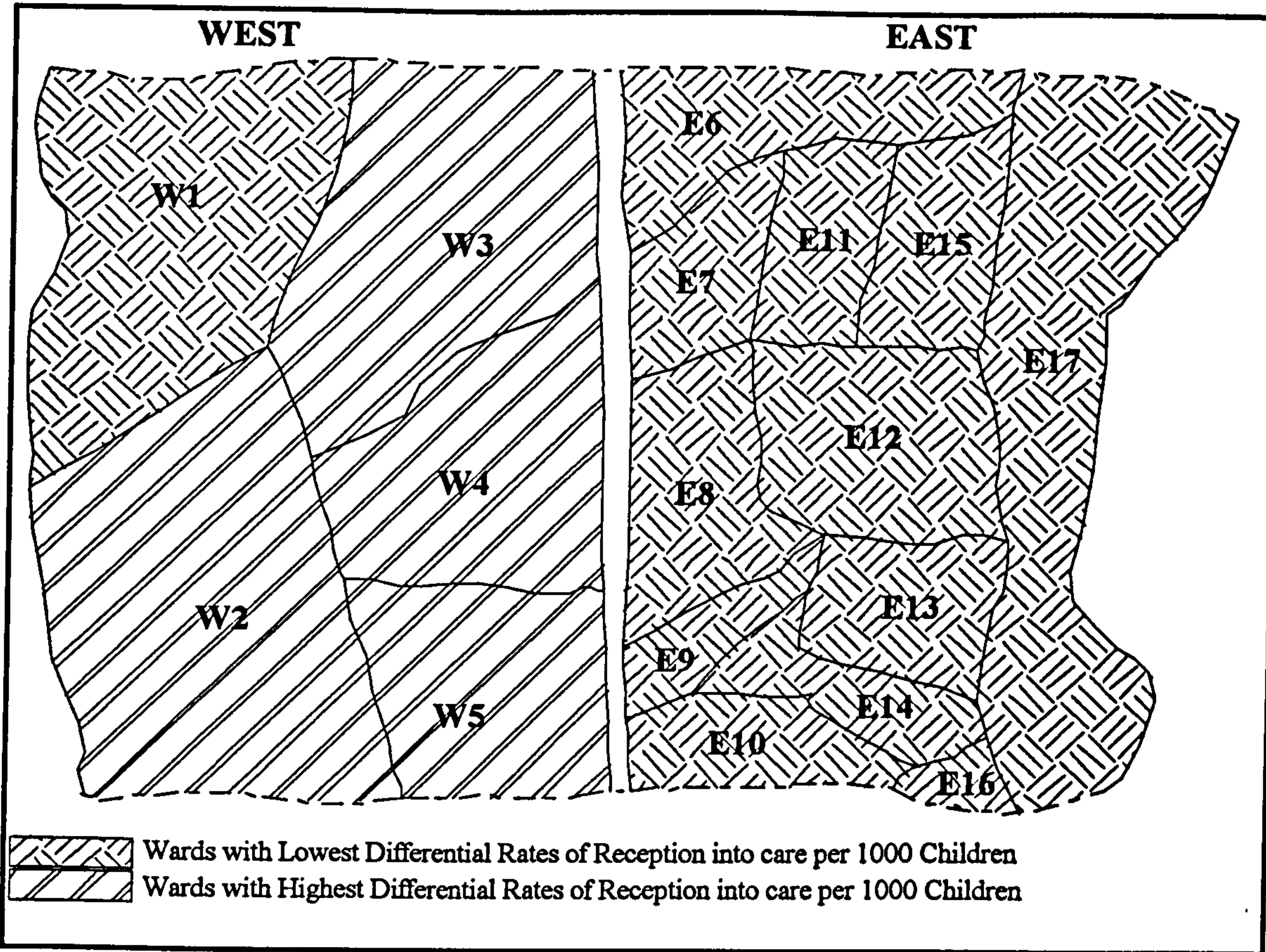
#### **(b) Children in Care**

As described in the theoretical discussion, Bebbington and Miles (1989) provide empirical evidence to support the assertion that deprivation is a common factor among all types of children who enter care.

This is confirmed in this study. During the period 1991-1992, 216 children were in the care of Warbury Metropolitan Borough Council. Of these, 157 or 72.7 per cent were from the west of the borough. 59 (27.3 per cent) came from the east. This data alone confirms the correlation between social deprivation and admission into care. However, it is possible to analyse it in more detail. Figure 10 sets out on a ward by ward basis the differential rate of admission to care per 1000 children aged between 0-15 years. (Detailed calculations are presented in tabular form in appendix 8).



**Figure 10. Wards with the Highest and Lowest Differential Rates of Reception into Care per 1000 Children.**



On the basis of this data, a child in the west of the borough has a 6 times greater chance of coming into care than a child in the east.

However, as with the differential rate of child protection registrations per 1000 households with children these disparities become even more marked when individual wards are considered.

A child in Copsley Forest (W4) electoral ward has a 38 times greater chance of coming into care than a child in Wordsby (E16). These wards have respectively the highest and lowest differential rates of admission to care in the borough.

A child in Copseley Forest (W4) ward has nearly a 16 times greater chance than a child in Killenhall (E13), and a nine and a half times greater chance than a child living in Paddlefields (W14).

In fact, the Copseley Forest (W) neighbourhood (comprising the three wards of Burnt Rise, Copseley Forest and Swallowfields) accounts for 55 per cent of all children who come into care in the borough.

Rundleside (W2) children also face a higher probability of coming into care than any neighbourhood in the east - 22 times greater than a child in Wordsby (E16), nearly 9 times greater than a child in Killenhall (E13) and five and a half times greater than a child in Paddlefields (E14).

These patterns of distribution are broadly in line with the findings of the mapping exercise undertaken in relation to child protection registrations. They confirm the trend that children living in socially disadvantaged neighbourhoods are much more likely to come into public care than children living in more advantaged neighbourhoods.

### **(c) Juvenile Offending**

The British Crime Survey (Home Office 1984) has provided a summary of national surveys and reports on crime and fear of crime. The following is a summary of its findings taken from the Warbury Crime Profile:

"Crime predominantly exists in specifiable areas. Although certain offences and incivilities (e.g. litter; uncouth behaviour; uncontrolled dogs etc.) are not too dependent on social class or type of neighbourhood, the major



serious offences, especially 'predatory' crimes are a reflection on where people live. Thus residents of council estates are disproportionately victimised by the kinds of crimes the country as a whole finds worrying. Burglary, robbery and assault." (Warbury Crime Reduction Programme 1990,P.16).

In fact tenants on council estates can face a risk of burglary 5 times greater than average.

A mapping exercise relating offences committed by juveniles to electoral wards in much the same way as this survey has done with households in which a child has been placed upon the borough child protection register, reveals a pattern which bears out the observations of these local and national crime surveys (Warbury Social Services Department 1992). Areas of highest relative deprivation (i.e. much of the west of the borough) contain the highest incidence of juvenile crime. Moreover, these neighbourhoods contain the highest number of young offenders.

In looking at young people convicted of offences between 1988-1991, this survey found that no-one below the age of 13 years was convicted in the east of the borough over this period. By contrast, 8 youngsters under 13 years from the west were convicted. The peak age for conviction across the borough was found to be 16 years. From 1988 until 1990, for every juvenile convicted from the east, four were convicted from the west. This ratio fell to 3:1 in 1991. An analysis of pre-court disposals found that young people from the west tend to enter the criminal justice system at a younger age and are less likely to leave it as they grow older than their counterparts in the east. By linking its data to school areas, the survey found that many more children were referred to the Warbury Juvenile Centre from primary



schools in the west of the borough than the east. Once more the pattern is confirmed of children from the poorer parts of the borough facing a greater risk of adversity.

## **Commentary**

This chapter has set out findings which confirm the presence of a correlation between social deprivation and harm to children in local areas. These findings indicate that where rates of unemployment are high; where there are large concentrations of families falling into social classes whose material resources are likely to be lower than those available to people in professional, managerial, technical and skilled non-manual (or "routine") occupations; where housing tenure tends mainly to be council rented, and where other indicators of low income are in evidence such as significant levels of lone parenthood, high rates of take up for free school meals and lower levels of car ownership, than the cluster of households with children on child protection registers is likely to be correspondingly high.

As such, evidence has been provided which supports the proposition that social deprivation contributes to the existence of socially and economically impoverished neighbourhoods in which it may be difficult for parents to provide a safe and healthy environment for their children - one of the strands which was identified in the theoretical discussion as possibly linking the problems faced by socially disadvantaged parents.

In revealing that it is the relatively poorest neighbourhoods which demonstrate the highest proportions of households with children on the child protection register and that the most affluent neighbourhoods show up the lowest proportions of families on the register, the mapping exercise and neighbourhood profiles have strengthened the validity of ecological perspectives of child abuse explored in the theoretical discussion which emphasise the

centrality of "place" to any understanding of the problem. In their studies, Garbarino (1981), Cotterill (1988) and Sedlak (1993) found similar clusterings of reported cases of child abuse and neglect.

Moreover, in the process of developing socio-economic profiles it has been confirmed that children and families living in socially disadvantaged neighbourhoods are likely to be beset by a range of adversities and hindrances. Support for the proposition that there exists general prevalence of harm to children of which child abuse registrations are but one dimension, is provided by evidence relating to child health, children in care and juvenile crime. The implication of this is that official definitions of harm may exclude large numbers of children who, judged against the criteria defined in the Children Act 1989, fall into the category of "in need". That is, children who are unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development (without the provision of family support services).

In the next chapter the findings of a detailed study of the individual circumstances of families with children appearing on the child protection register, in particular their socio-economic status, will be presented. This will make it possible to assess further the significance of the data presented in this chapter. In presenting more evidence to support the proposition that problems faced by socially disadvantaged parents may be linked by three strands and that links between social deprivation and harm to children may be best understood in terms of interconnections between many complex, psychosocial stress factors, the next chapter will aim to shed further light on the nature of this relationship.